

Name
in
Full

Sophie Adams

CERTIFICATE OF DEATH

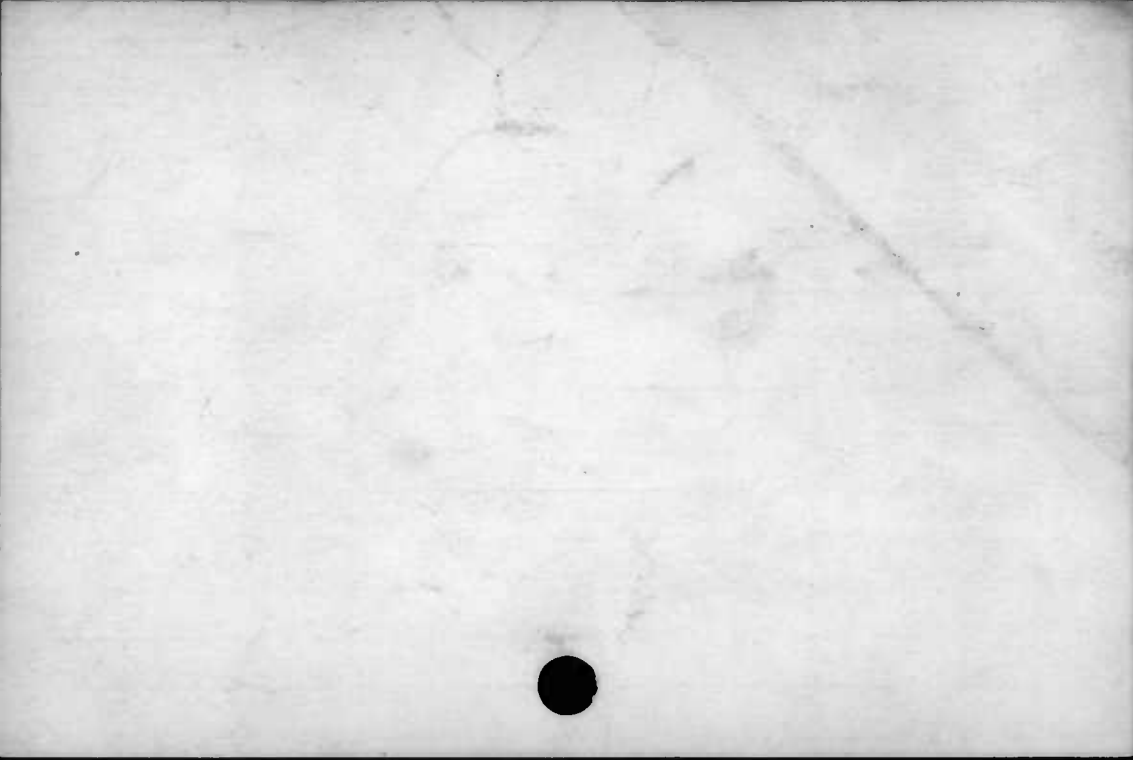
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Art</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>July</i>		Day <i>17th</i>		Age <i>49</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>		Months _____ Days _____	
Occupation <i>Laundress</i>		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Jack Adams</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Elizabeth Folks</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Nephew</i>		How related to deceased _____					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease</i>		How long <i>Ten months</i>	
Immediate <i>of the Heart</i>		How long _____	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Ridout MD</i>	
		Address <i>Annapolis MD</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

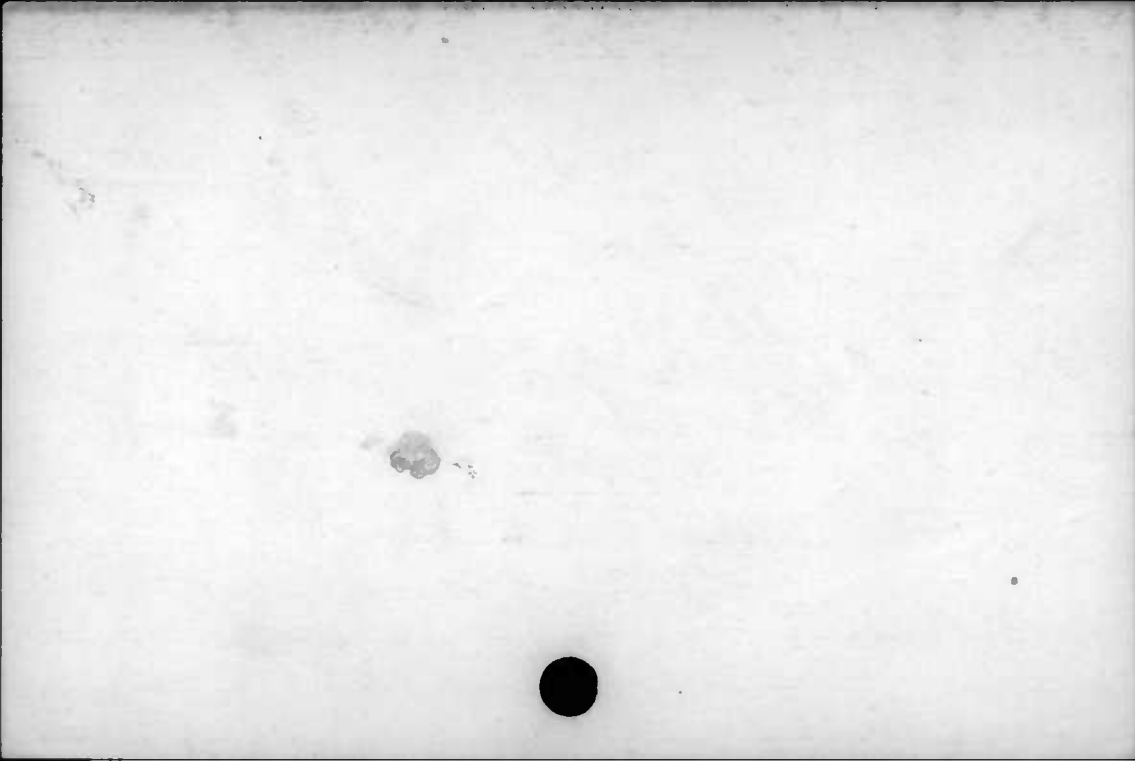
TO BE ANSWERED BY
NEAREST FRIEND

Elizabeth Albright - Eastport -		A.A. County		MARYLAND	
Died at		Date of death 190		Age	
Month July		Day 14		Years	
Sex Female		Color or Race White		Birth-place Eastport -	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Mr. Albright -		Father's Birthplace Germany			
Mother's Maiden Name Elizabeth German		Mother's Birthplace "			
Name of person giving information Mr. Albright -		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus		How long Sick since birth	
Immediate Exhaustion		How long "	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Miss A. Benson midwife	
		Address Eastport A.A. Co. Md	
Accident or Suicide? —			



Name
in
Full

Frederick W. A. Albright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Eastport* -

Town

County

A. A.

MARYLAND

Date
of death *190*

Month

July

Day

3

Age

Years

Months

Days

17

Sex

*Male*Color or
Race*White*Birth-
place*Annapolis*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Wm. Albright*Father's
Birthplace*Germany*Mother's
Maiden Name*Elizabeth Herman*Mother's
Birthplace*Germany*Name of person giving
In formation*Wm. Albright*How related
to deceased*Brother*

CAUSES OF DEATH

*Snare*PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

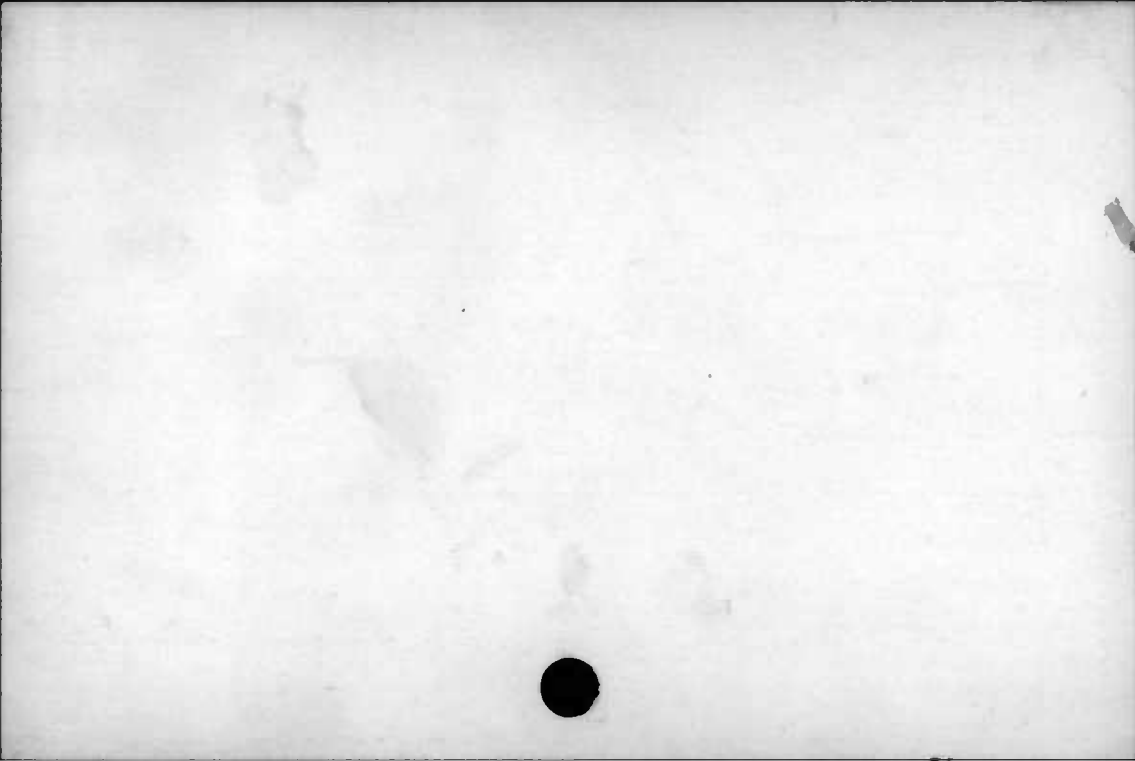
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Mrs. Annie Hanson*

Address

Eastport m.d.

Accident or Suicide?

*attendance**Wm. White*



Name
in
Full

CERTIFICATE OF DEATH

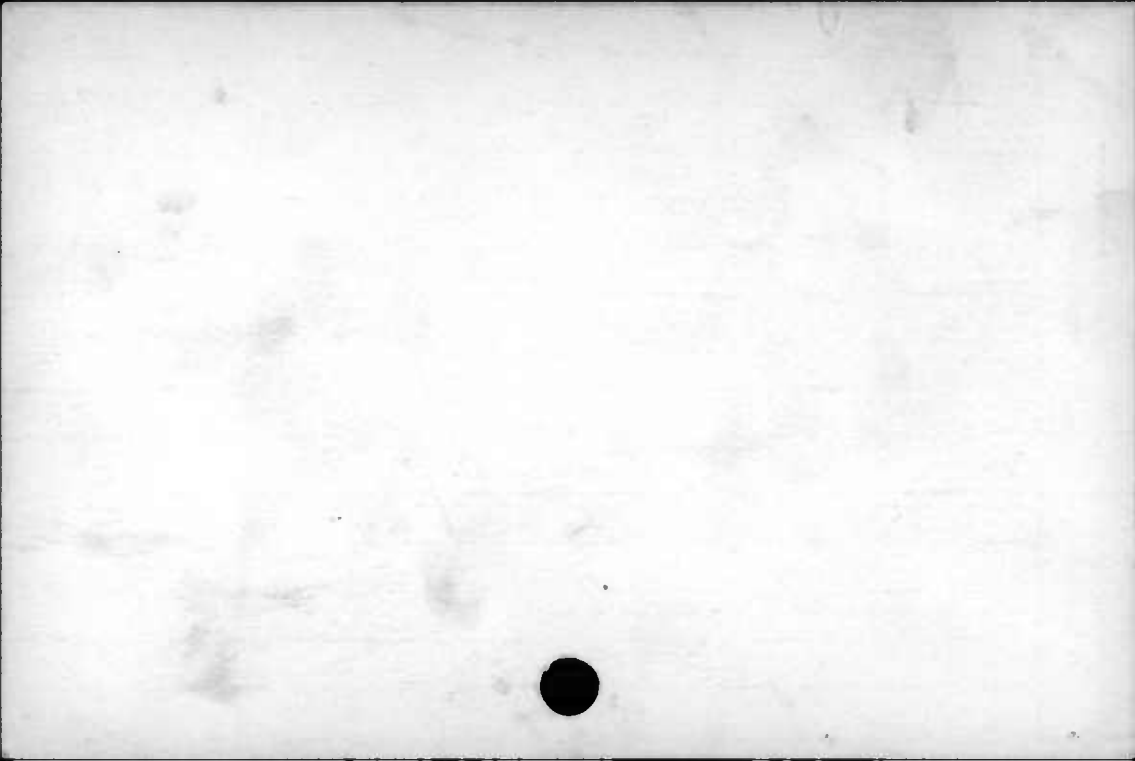
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> <i>Ann</i> <i>Arundel</i> <i>MARYLAND</i>			
Date of death <i>1905 July 17</i>	Age <i>52</i>	Months <i>5</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis</i>	
Occupation <i>_____</i>	Where Residing if not at place of death <i>521 Washington St.</i>		
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	Name of Wife or Husband <i>_____</i>		
Father's Name <i>Solomon Bolden</i>	Father's Birthplace <i>Queen Anne's Co</i>		
Mother's Maiden Name <i>Prigilla Boston</i>	Mother's Birthplace <i>Ad Co.</i>		
Name of person giving information <i>Solomon Bolden</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>4 day</i>
Immediate <i>Gastritis</i>	How long <i>4 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Johnson</i>
	Address <i>60 Cathedral St.</i>
Accident or Suicide? <i>_____</i>	



Name
in
Full

David A Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glen Burnie</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>7</u> <small>Month</small>	<u>10</u> <small>Day</small>	Age <u>24</u> <small>Years</small>	<u>14</u> <small>Months</small>	<u>10</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>African</u>	Birth-place <u>Walerburg Md</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death _____				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Eliza Carroll</u>				
Father's Name <u>David H. Boston</u>	Father's Birthplace <u>Millersville Md</u>				
Mother's Maiden Name <u>Isabella Morse</u>	Mother's Birthplace <u>Walerburg</u>				
Name of person giving information <u>David H Boston</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>13 days</u>
Immediate <u>Perforation of bowel</u>	How long <u>18 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm Dn Bois MD</u>
	Address <u>Gambrells Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Elleanora Burley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Severn TownCounty Anne Arundel

MARYLAND

Date of death 1905 Month JulyDay 29Age 65 Years

Months

Days

Sex Female

Color or Race

Black

Birth-place

Anne Arundel Co Md

Occupation

Where Residing if not at place of death

☒ Married, Single or Widowed

Name of Wife or Husband

Father's Name

Sam Burley

Father's Birthplace

Anne Arundel Co Md

Mother's Maiden Name

Eda Johnson

Mother's Birthplace

Anne Arundel Co Md

Name of person giving information

Sam Burley

How related to deceased

Father

CAUSES OF DEATH

Primary

Rheumatism

How long

6 months

Immediate

Heart Disease

How long

Six weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

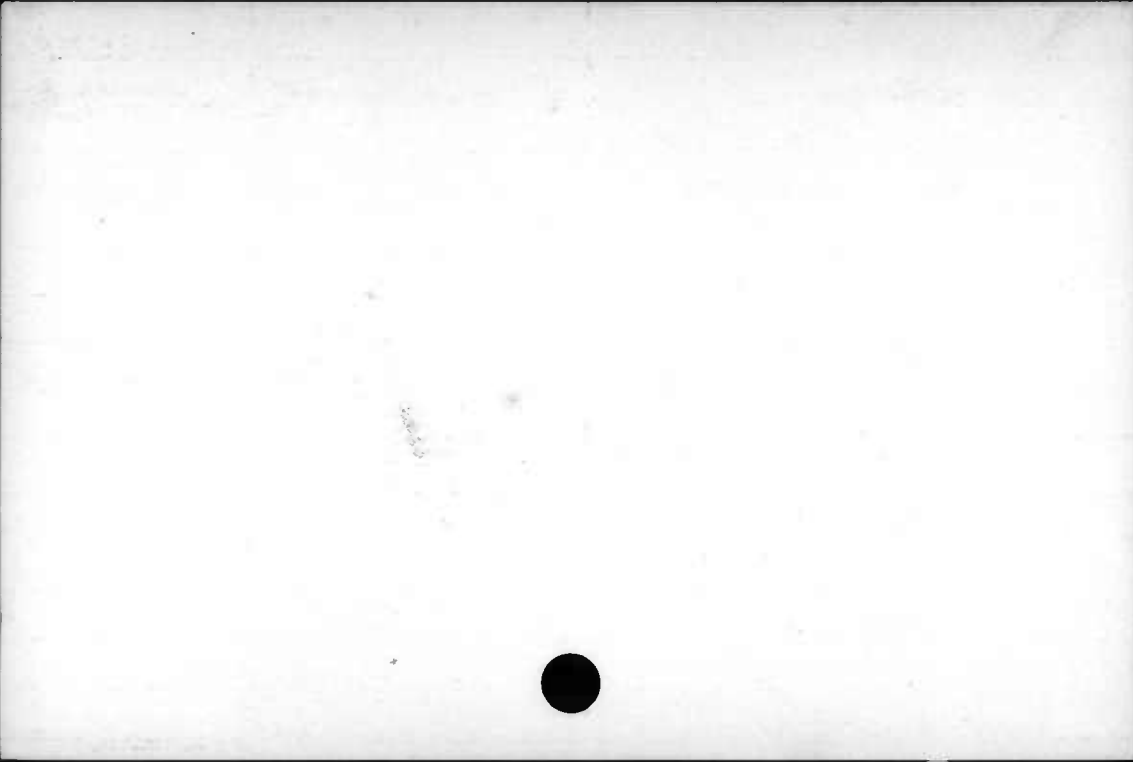
C R Robinson

Address

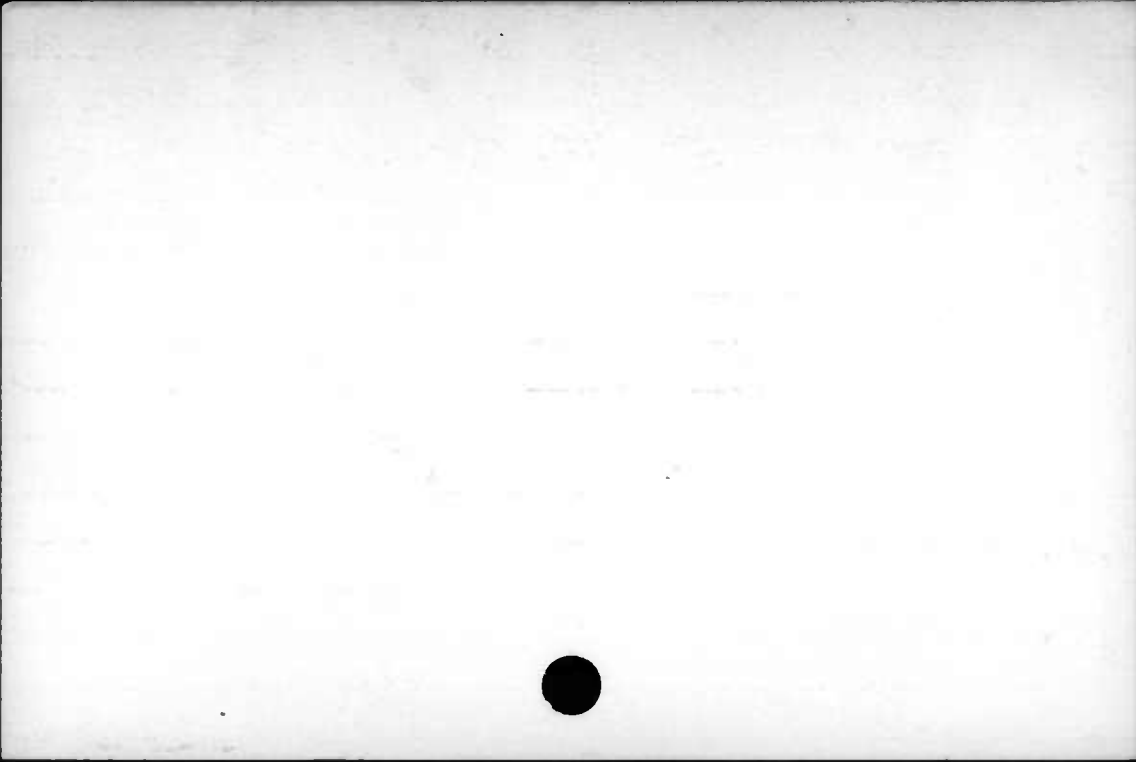
Ed Kudge Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Lena Carr				Town		County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Mayo		Anne Arundel		MARYLAND						
		Date of death		1905	Month	July	Day	2	Age	Years	Months	3	Days	3
		Sex		Female		Color or Race		White		Birth-place		Anne Arundel Co		
		Occupation				Where Residing if not at place of death								
		Married, Single or Widowed				Name of Wife or Husband								
PHYSICIAN OR CORONER		Father's Name		William Carr				Father's Birthplace		Anne Arundel Co				
		Mother's Maiden Name		Addie Cox				Mother's Birthplace		Maryland				
		Name of person giving information		William Carr				How related to deceased		Father				
		CAUSES OF DEATH												
PHYSICIAN OR CORONER		Primary		Cholera Infantum				How long		2 weeks				
		Immediate		Convulsions				How long						
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				John Callison				
						Address				South River				
		Accident or Suicide?								M.D.				



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

MARYLAND

Name of person giving information	How related to deceased
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

CAUSES OF DEATH

Primary	<i>Basal Ganglia</i>	How long	<i>Sudden</i>
---------	----------------------	----------	---------------

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of _____
Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88510



Name
in
Full

CERTIFICATE OF DEATH

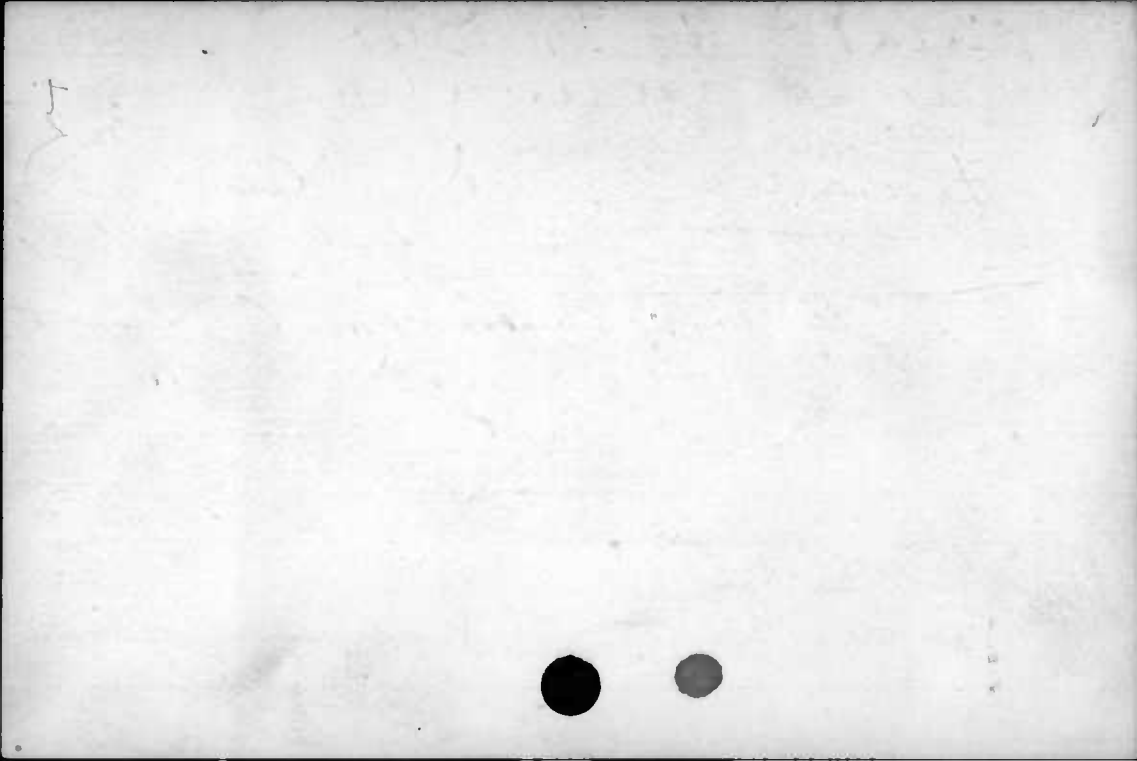
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		July	26	2	3	3	3
Sex		Color or Race		Birth-place			
Female		Colored		Annapolis			
Occupation				Where Residing if not at place of death			
				49 Washington St.			
Married Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
William Washington				Annapolis			
Mother's Maiden Name				Mother's Birthplace			
Elizabeth				"			
Name of person giving information				How related to deceased			
Mother				"			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	In tuberculosis	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout M.D.	
		Address	
		Annapolis	
Accident or Suicide?		No	



Name
in
Full

Frank C. Clousky

CERTIFICATE OF DEATH

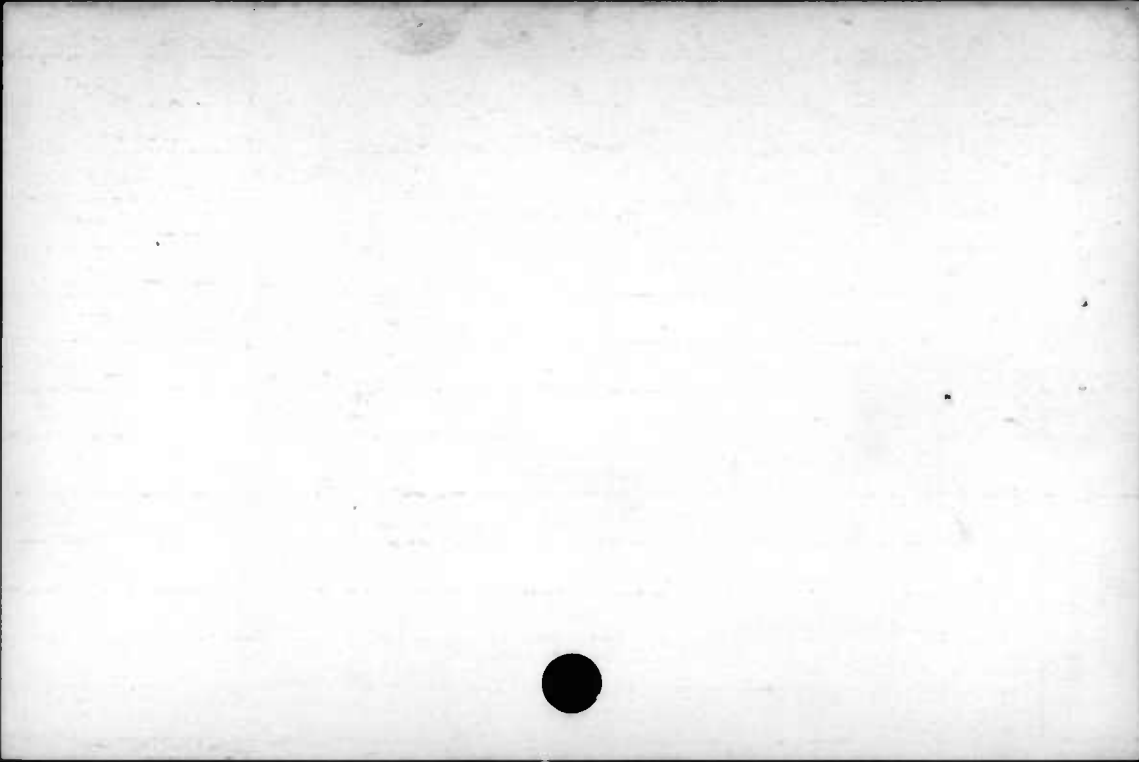
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>3rd District</u> ^{CW}		County <u>Anne Arundell</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>17</u>	Age <u>37</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Island</u>			
Occupation <u>Farmhand</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>John Pettibone</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Morbus</u>	How long <u>3 hrs</u>
Immediate <u>Same</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. E. Redout h. d.</u>
	Address <u>A. Margell's</u>
Accident or Suicide?	<u>no</u>



TO BE ANSWERED BY
NEAREST FRIEND

Eveline Mitchell Clark
Died at *Wellhamis* ^{Town} *Anne Arundel* ^{County}

CERTIFICATE OF DEATH

MARYLAND

Date of death *1905* ^{Month} *July* ^{Day} *8* ^{Years} *38* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Harford Co Md*

Occupation *Housekeeper* Where Residing if not at place of death

Married, ~~Single~~ ^{or Widowed} Name of Wife or Husband *Thomas Clark*

Father's Name *John P. Comegys* Father's Birthplace *Md*

Mother's Maiden Name *Georganna Mitchell* Mother's Birthplace *Md*

Name of person giving Information *Thomas Clark* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Heart Disease* How long *6 mo*
Immediate *Heart Failure* How long *15 min*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *C R Amberson*

Address *Elkridge Md*

Accident or Suicide?

Name
in
Full

Leannet Tammall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town Annapolis

County

St

MARYLAND

Date

of death 1905

Month

July

Day

5th

Years

1

Months

2

Days

Sex

Female

Color or
Race

colored

Birth-
place

Annapolis

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

J. C. Tammall

Father's
Birthplace

St Co.

Mother's
Maiden Name

Leannet Tyler

Mother's
Birthplace

Annapolis

Name of person giving
information

Father

How related
to deceased

CAUSES OF DEATH

Primary

Marasmus

How long

Months

Immediate

exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

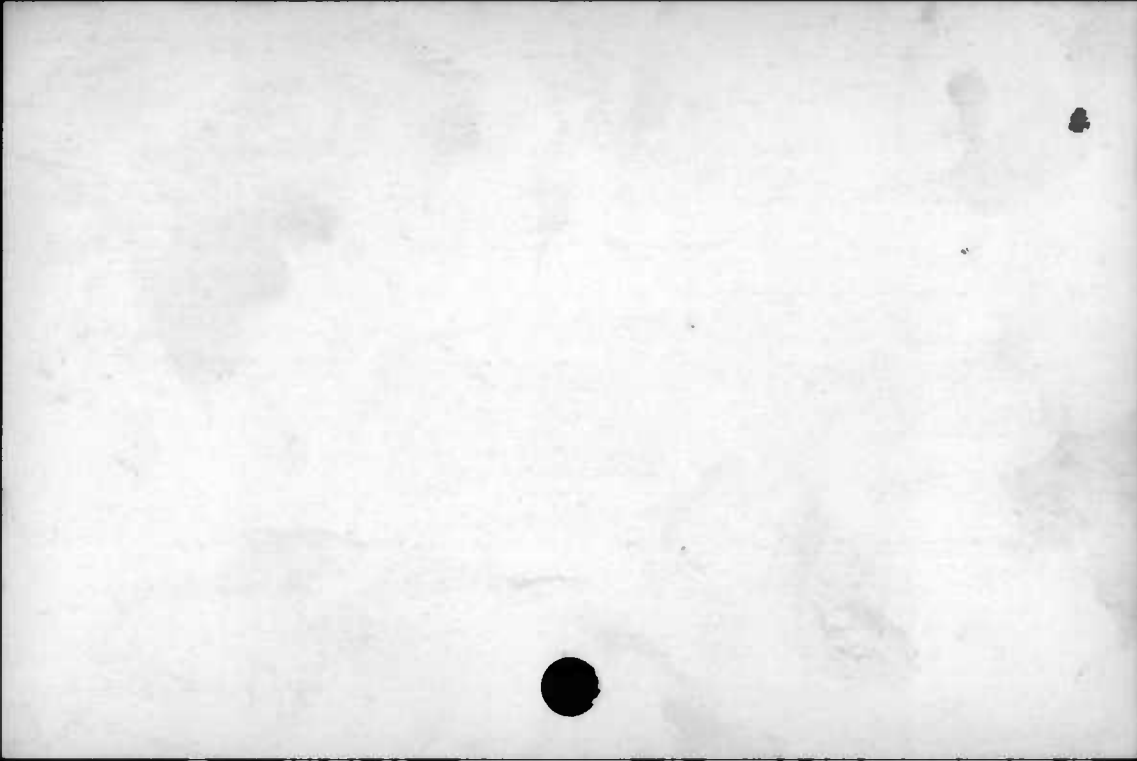
Signature of
Physician

Address

John Ridout
Annapolis
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Luther Dashields

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake Bay</i>		Town <i>Chesapeake Bay</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>12th</i>	Age <i>19</i>	Years <i>-</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place				
Occupation <i>Waterman</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>W. F. Dashields</i>			Father's Birthplace <i>Dorchester Co</i>				
Mother's Name <i>Jennie Navy</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>I M Harrington</i>			How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>John H Davis</i>
	Address <i>acting coroner Annapolis Md</i>
Accident <i>inside?</i> <i>Brussels</i>	

U.S.N.

Commander George M. Stonoy

1

Approved

1/14/91

166

169

169

St. Louis

W. J.

Spec

Trans

1/14/91

Name
in
Full

Edward Day

CERTIFICATE OF DEATH

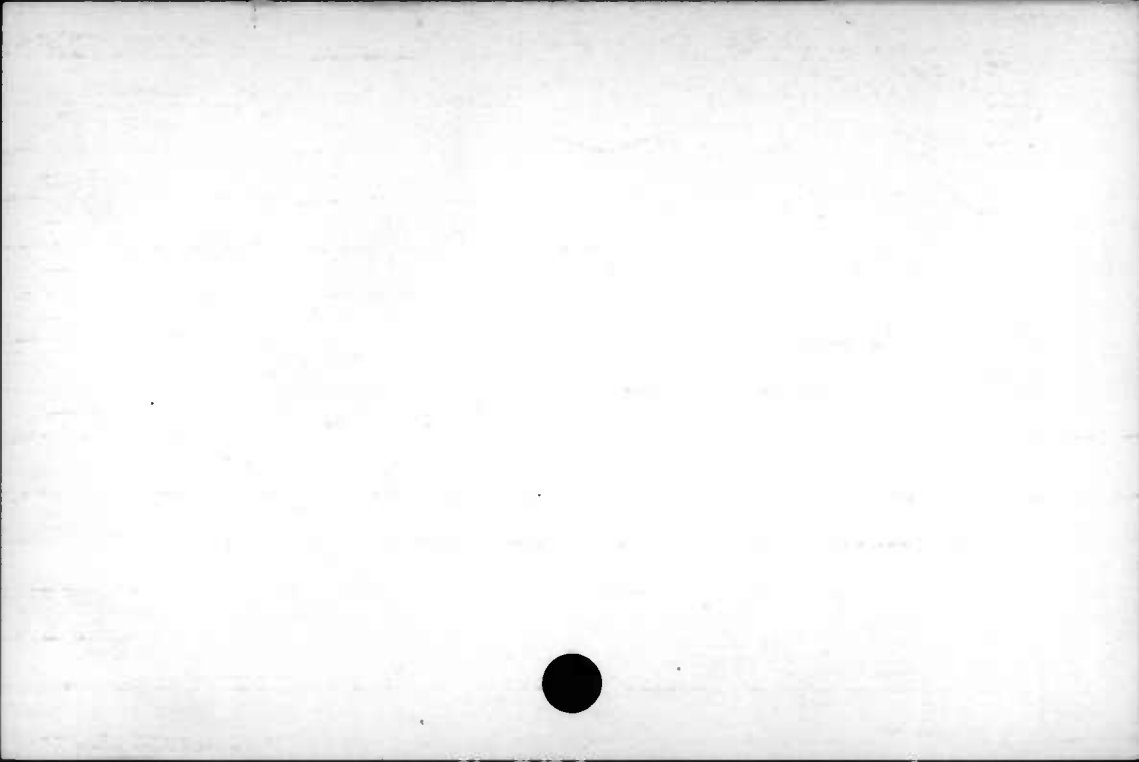
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St Margarets</i> ^{Town}		<i>3rd</i> ^{County}		<i>Anne Arundell</i> ^{MARYLAND}	
Date of death	1901	Month	July	Day	17 th
				Years	13
Sex	Male		Color or Race	Col.	
Birth-place	<i>Anne Arundell</i>				
Occupation	<i>Farm Hands</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Henson Day</i>			Father's Birthplace	<i>A.A. Co</i>
Mother's Maiden Name	<i>Millie Calbert</i>			Mother's Birthplace	" "
Name of person giving information	<i>John Woodward</i>			How related to deceased	<i>Uncle</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	.
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J.D. Ridout M.D.</i>
		Address	<i>St. Margarets</i>
Accident or Suicide?			<i>Anne Arundell Co.</i>



Name
in
Full

CERTIFICATE OF DEATH

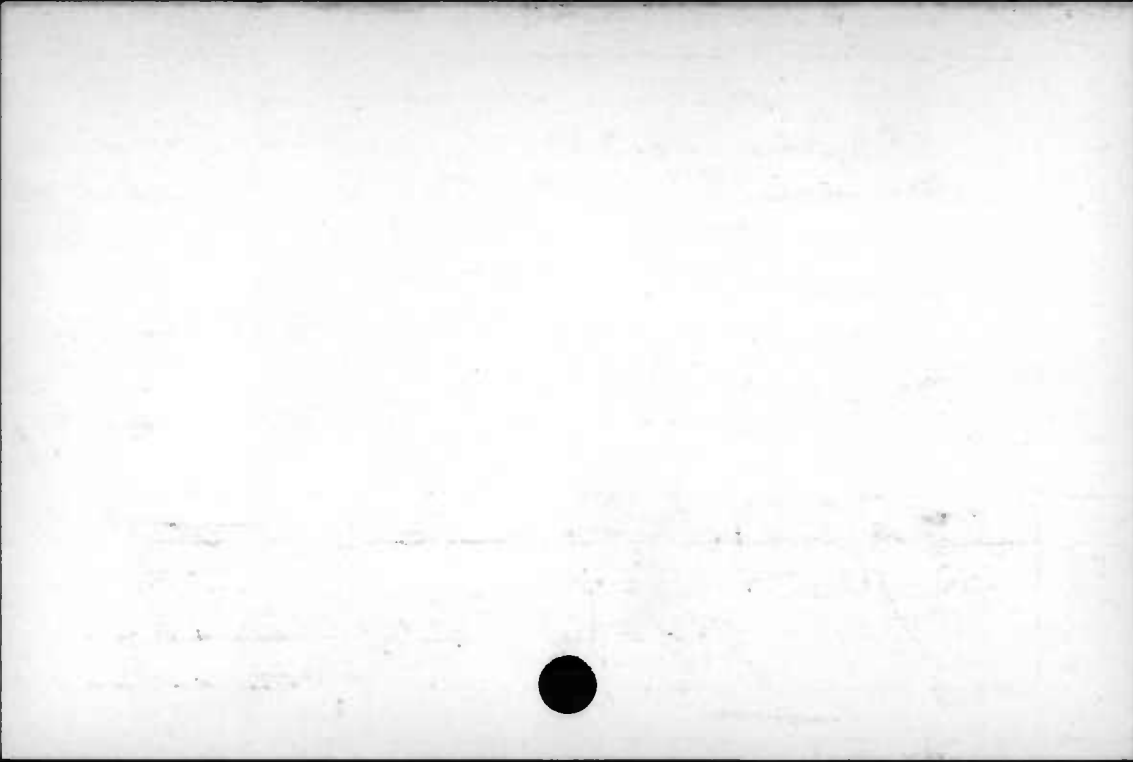
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cinnasport's</u> Town <u>Dorsey</u> County <u>Anne Arundel</u> MARYLAND	
Date of death 190 <u>5</u> Month <u>July</u> Day <u>20</u> Age <u>4</u> Years Months Days	Place of birth <u>Stellborn</u>
Sex <u>Female</u> Color or Race <u>Colored</u>	Birth-place <u>Annapolis</u>
Occupation <u>Infant</u>	Where Residing if not at place of death <u>—</u>
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>
Father's Name <u>James Dorsey</u>	Father's Birthplace <u>A. A. Co.</u>
Mother's Maiden Name <u>Lizzie Murrow</u>	Mother's Birthplace <u>A. A. Co.</u>
Name of person giving information <u>—</u>	How related to deceased <u>—</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Stellborn G.</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. J. Oliver Robert</u>
Accident or Suicide? <u>—</u>	Address <u>Annapolis</u>



Name
in
Full

Sheila Gates Dove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>East Port</u> ^{Town} <u>2nd</u> ^{St.}		County <u>Anne Arundell</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>July</u>	Day <u>27th</u>	Age <u>1</u>	Months <u>2</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Vinton Dove</u>			Father's Birthplace <u>Annapolis</u>		
Mother's Maiden Name <u>Mary E. Lucker</u>			Mother's Birthplace <u>A. A. Co</u>		
Name of person giving information <u>Vinton Dove</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Measles</u>	How long <u>1 week</u>
Immediate <u>Meningitis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. S. Welch</u>
	Address <u>Annapolis</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1905	Month	July	Day	12 th	Age	Steel born.
Sex	Female	Color or Race	White	Birth-place	Annapolis	Months	Days
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Thos. F. Doyle				Father's Birthplace		
Mother's Maiden Name	Agnes Welch S.				Mother's Birthplace		
Name of person giving information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Steel born. S.	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Anna Wright
		Address	Annapolis, Md.
Accident or Suicide?			



Name
in
Full

Susan Rebecca Finkel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundell		MARYLAND	
Date of death	1905	Month July	Day 2	Age 12	Years	Months 7	Days
Sex	Female		Color or Race	White		Birth- place	Annapolis
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Julius A Finkel					Father's Birthplace	Annapolis
Mother's Maiden Name	Anna May Mitchell					Mother's Birthplace	Annapolis
Name of person giving Information	Anna M. Finkel					How related to deceased	Mother

CAUSES OF DEATH

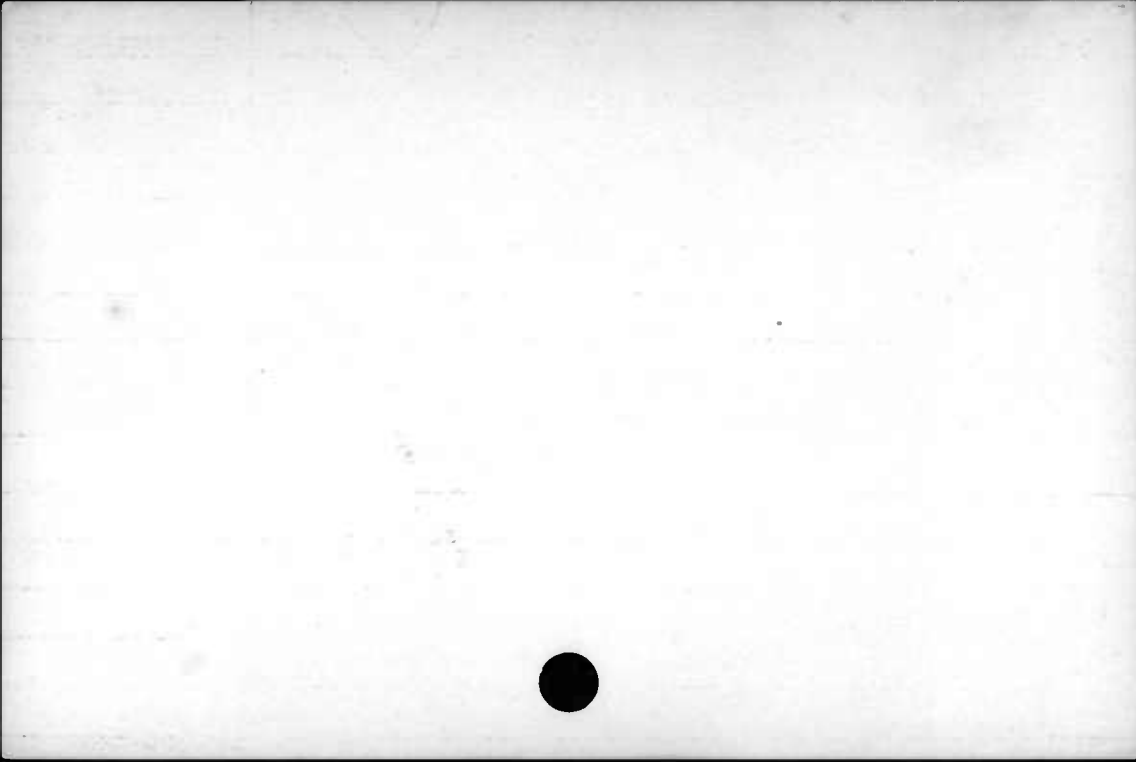
PHYSICIAN
OR CORONER

Primary	Valvular Disease of Heart		How long	I don't know
Immediate	Heart clot		How long	Few hours
Are the name, age, sex, color, date and place correctly given above?		yes; as far as I know	Signature of Physician	J. H. Thompson M.D.
		Address	193 Church St. Annapolis, Md.	
Accident or Suicide?				

2



Name in Full		Mabel L. Franklin				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND							
		Died at Marley		Anne arundel									
		Date of death	1905	Month	July	Day	18	Age	Years	Months	11	Days	18
		Sex	Female		Color or Race	Black		Birth-place	Anne arundel co - md				
		Occupation						Where Residing if not at place of death					
		Married, Single or Widowed	single		Name of Wife or Husband								
		Father's Name	not known					Father's Birthplace					
Mother's Maiden Name	Emma Franklin					Mother's Birthplace	a d co md						
Name of person giving information	James Franklin					How related to deceased	Brother						
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary	Cholera Infantum				How long	2 weeks					
		Immediate					How long						
		Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	none					
		Address	Emma Franklin										
9		Accident or Suicide?						Arming md.					



Name
in
Full

Katherine Fritz

CERTIFICATE OF DEATH

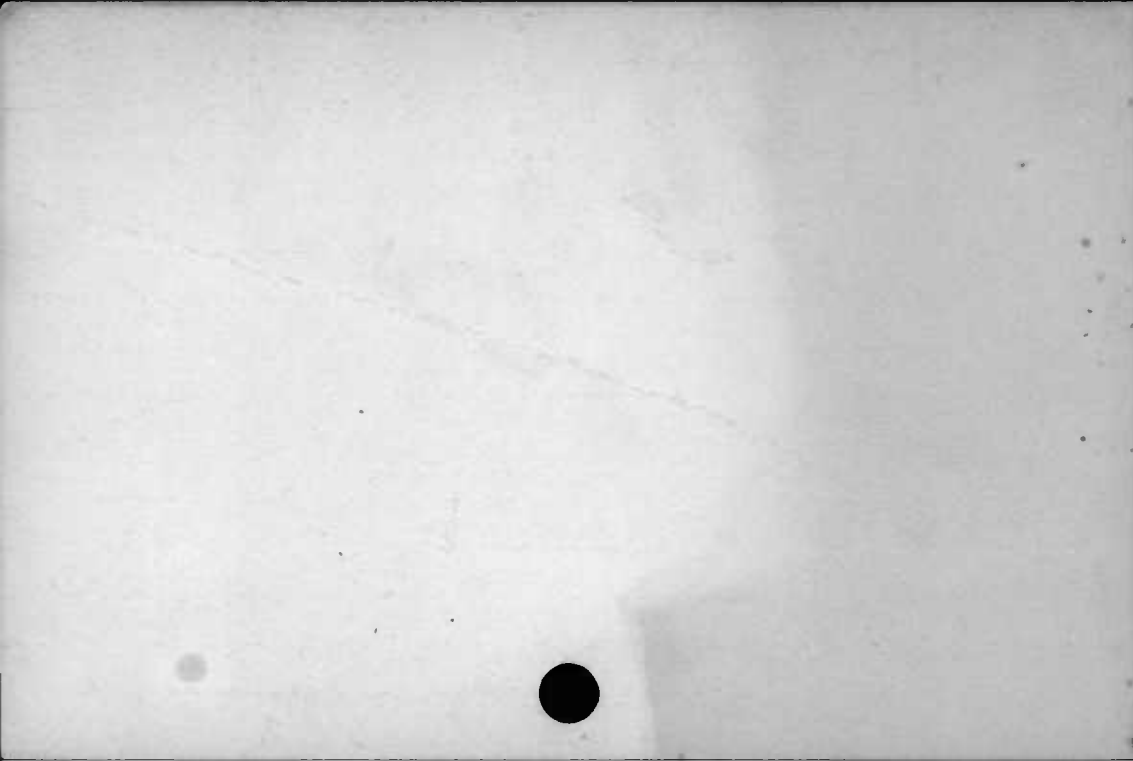
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berpfert</i> Town <i>A.A.</i> County		MARYLAND	
Date of death 190 <i>5</i> Month <i>July</i> Day <i>2</i> Age <i>—</i> Years <i>—</i> Months <i>2</i> Days <i>5</i>	Sex <i>Female</i> Color or Race <i>White</i>	Birth-place <i>Berpfert</i>	
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>Martin Fritz</i>	Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Lencie Werner</i>	Mother's Birthplace		
Name of person giving information <i>Martin Fritz</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute intertia</i> <i>155</i>	How long <i>2 wks -</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Gantt</i>
	Address <i>Millersville</i>
Accident or Suicide <i>—</i>	



Name
in
Full

Rebecca Perry Gaither

CERTIFICATE OF DEATH

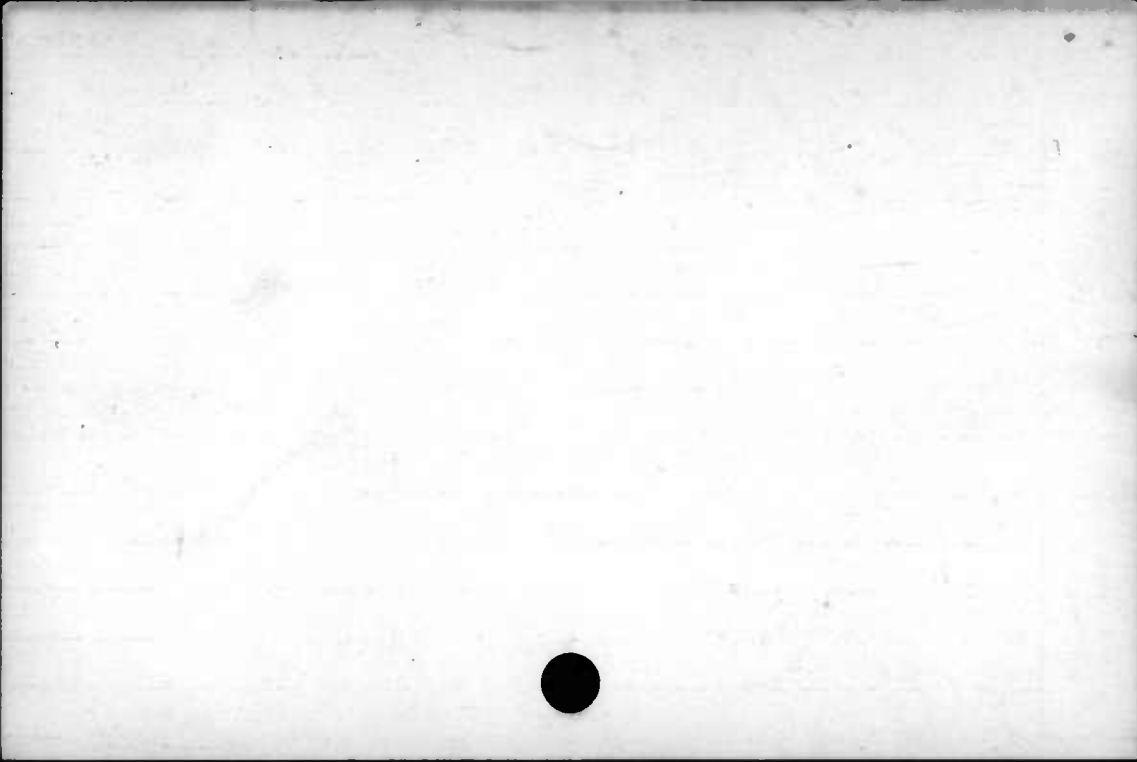
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Year</small>	<u>July</u> <small>Month</small>	<u>15</u> <small>Day</small>	Age <u>80</u> <small>Years</small>	<u>11</u> <small>Months</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Housewife</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u> </u>				
Father's Name <u> </u>			Father's Birthplace <u> </u>		
Mother's Maiden Name <u> </u>			Mother's Birthplace <u> </u>		
Name of person giving information <u>M. P. Gaither</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Morbus</u>	How long	<u>8 Hours</u>
Immediate	<u>Old Age</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo Wells M.D.</u>	
		Address <u>Annapolis Md</u>	
Accident or Suicide? <u> </u>			





Name
in
Full

Samuel Gordon 7/3/1905

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Arming*

Town

Anne Arundel

County

Date of death *1905 July*

Month

Day

3

Years

Age

35

Months

Days

Sex *male*Color or
Race*Black*Birth-
place*Alabama*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed *not known*Name of Wife or
Husband*—*Father's Name *not known*Father's
BirthplaceMother's
Maiden Name *not known*Mother's
BirthplaceName of person giving
information *Henry Bastford*How related
to deceased *not related*

CAUSES OF DEATH

Primary

fell overboard while drinking

How long

Immediate

accidental drowning

How long

*Immediate*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*none*

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

H. S. Dunsap, Coroner, was
away, and no inquest
was held.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Benfield ^{Town}		Anne Arundel ^{County}		MARYLAND	
Date of death 1905	7 ^{Month}	27 ^{Day}	18 ^{Years}	— ^{Months}	5 ^{Days}
Sex Female	Color or Race African		Birth-place Gambills		
Occupation School girl	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Pinkey Green	Father's Birthplace Prince Geo Co		Mother's Birthplace Calvert Co		
Mother's Maiden Name Madara Elin	Name of person giving information Thomas James Edwards		How related to deceased Step. Father		

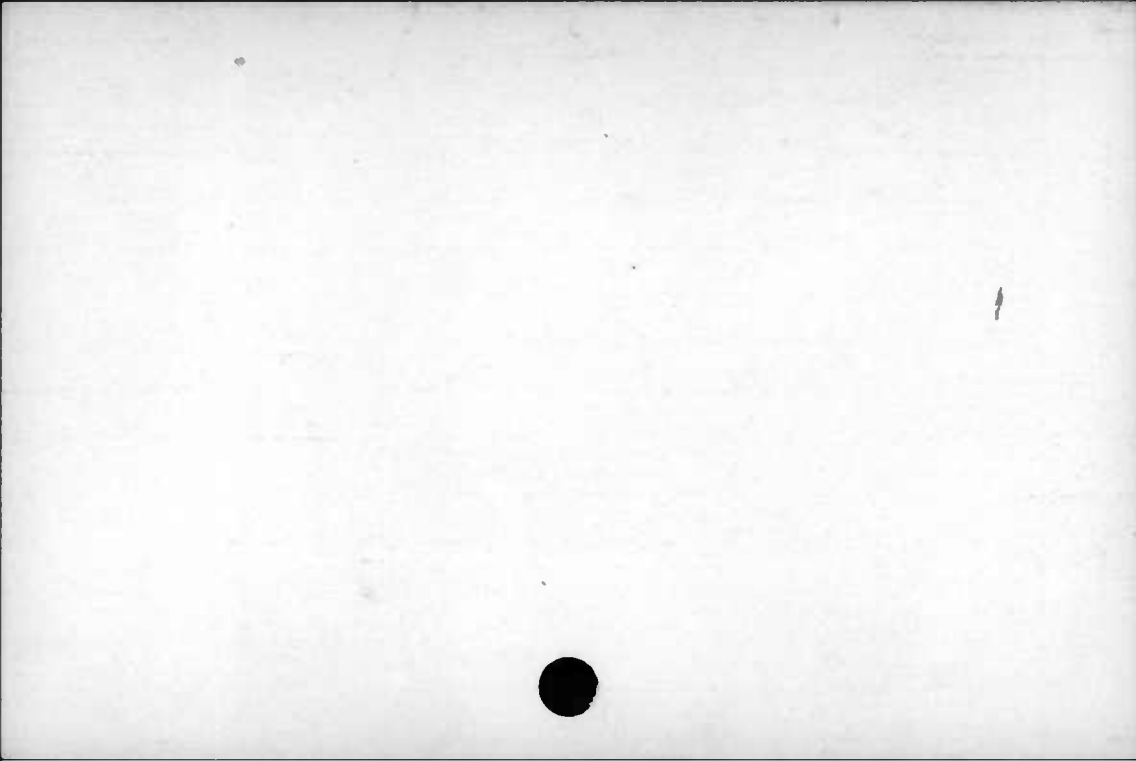
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Nephritis	How long About one year
Immediate Chronic Brights disease	How long About 11 "
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. M. Dr. Bo's MD
	Address Gambills
Accident or Suicide? NA	



Name in Full		Green				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis		County St		MARYLAND	
	Date of death	1905	Month July	Day 14 th	Years	Months	Days
	Sex	Female		Color or Race Cocoon		Birth-place Annapolis	
	Occupation	Infant		Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Thomas Green				Father's Birthplace	Annapolis
PHYSICIAN OR CORONER	Mother's Maiden Name	Mollie Franklin S				Mother's Birthplace	Annapolis
	Name of person giving information	Mother				How related to deceased	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Still-born S				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?					Signature of Physician	John Ridout, M.D.
						Address	Annapolis, Md
	Accident or Suicide?						



Name
in
FullMartha Ellen ~~Turner~~ Gross

CERTIFICATE OF DEATH

MARYLAND

Died at Churchton

Town

County UDate
of death 1905Month JulyDay 6

Age

Years 1Months 4Days 11Sex FemaleColor or
RaceColoredBirth-
placeChurchton Md

Occupation

NoneWhere Residing if not
at place of deathMarried, Single
or WidowedSingleName of Wife or
Husband—Father's
NameLewis GrossFather's
BirthplaceMdMother's
Maiden NameMary TurnerMother's
BirthplaceMdName of person giving
In formationJack GrossHow related
to deceasedUncle

CAUSES OF DEATH

Primary

Cholera Infantum

How long

2 days

Immediate

Convulsions

How long

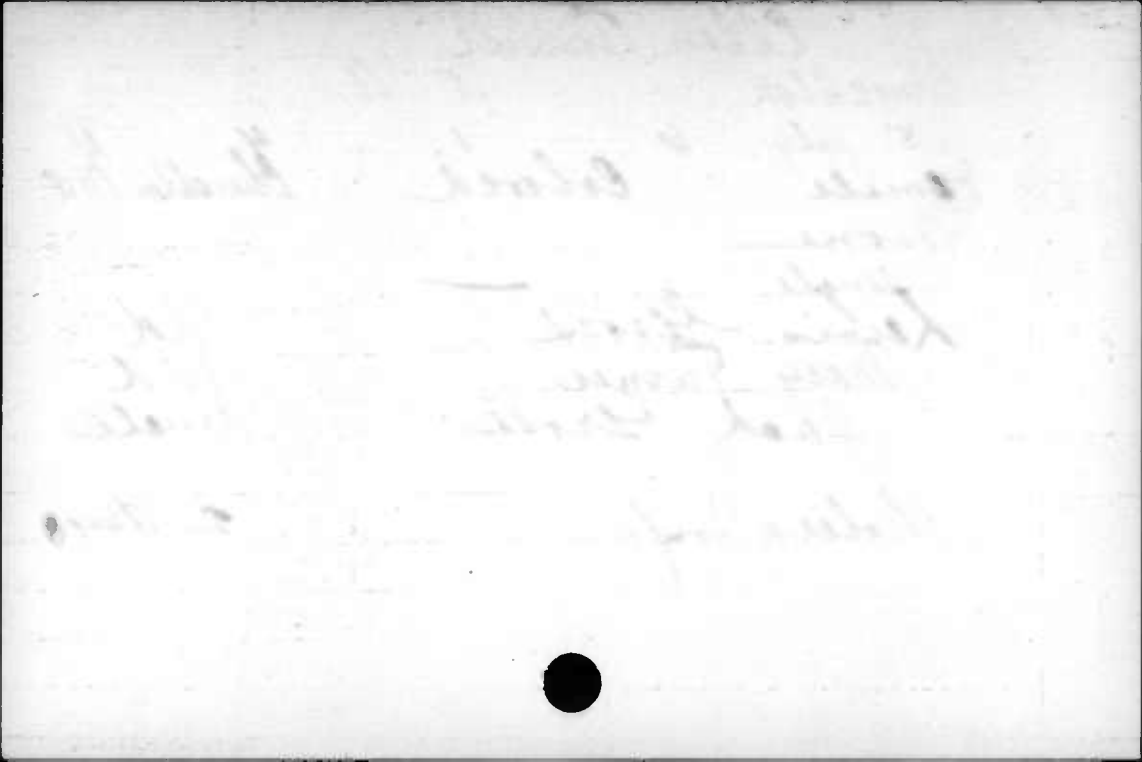
1 hourAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

Geo. T. Dent
Churchton

Accident or Suicide?

—TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Jm A Gross

CERTIFICATE OF DEATH

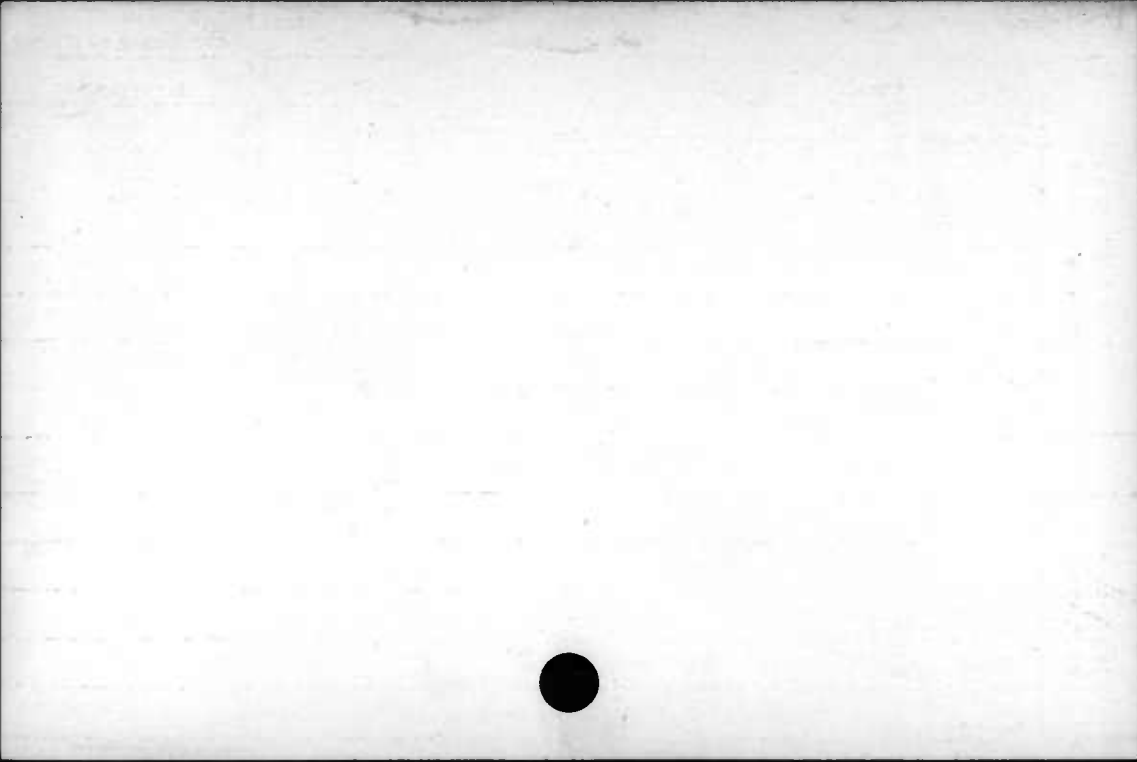
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ar migeris</i>			County <i>Anne arundel</i>			MARYLAND		
Date of death <i>1905</i>	Month <i>July</i>	Day <i>25</i>	Age	Years	Months <i>1</i>	Days		
Sex <i>male</i>	Color or Race <i>african</i>		Birth-place <i>Anne arundel Co</i>					
Occupation			Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband					
Father's Name <i>William Gross</i>			Father's Birthplace <i>A A Co Md</i>					
Mother's Maiden Name <i>Mary Eliza Brooks</i>			Mother's Birthplace <i>a a Co Md</i>					
Name of person giving information <i>Jm Gross</i>			How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diarrhoea</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>name</i>
	Address <i>Jm Gross Ar migeris</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

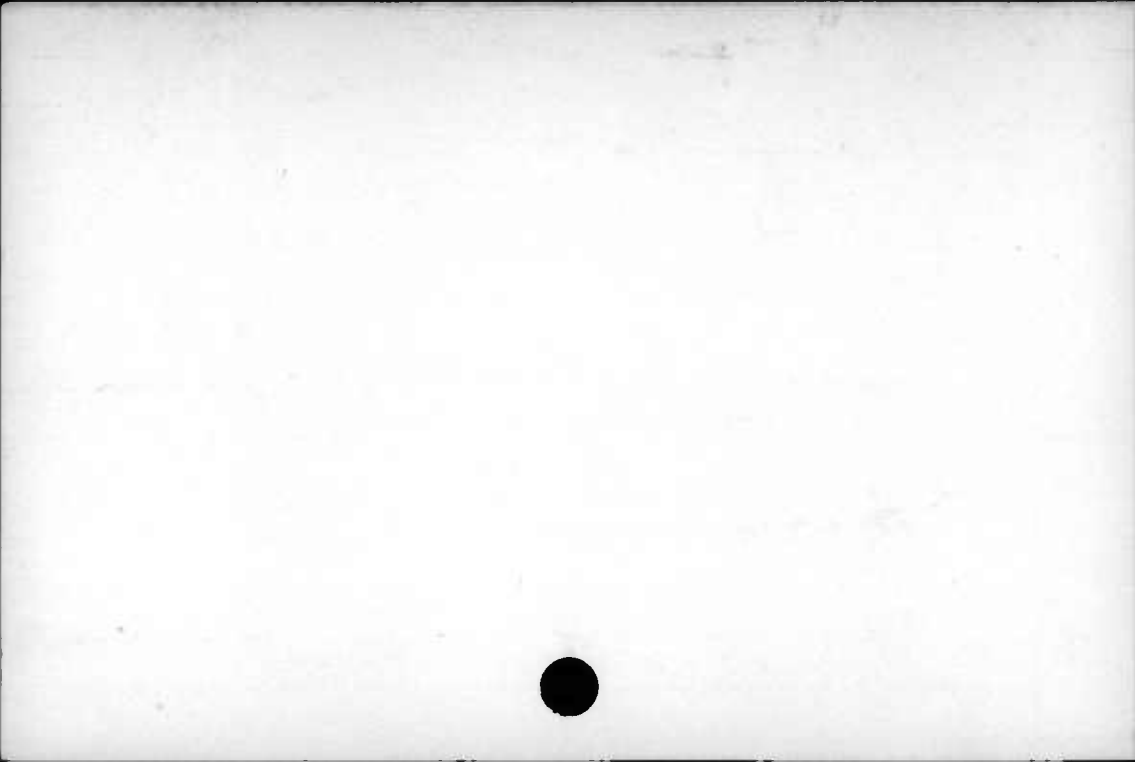
CERTIFICATE OF DEATH

— *Urging Hall* —

Died at <i>Annapolis</i>		County <i>Anne Arundell</i>		MARYLAND	
Date of death	1905	Month	July	Day	15 th
Age		Years	Months		Days
Sex <i>Female</i>		Color or Race	<i>Black</i>		Birth-place <i>Annapolis</i>
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Annapolis, Md.</i>			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>James Hall</i>				Father's Birthplace <i>A. A. C.</i>
Mother's Maiden Name	<i>Apelonia Brooks</i>				Mother's Birthplace <i>P. Geo. Co.</i>
Name of person giving information	<i>Mother</i>				How related to deceased

CAUSES OF DEATH

Primary	<i>Marasmus</i>	How long	<i>One month</i>
Immediate	<i>Insultion</i>	How long	<i>week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Lewis B. Howard Jr</i>	
		Address	
		<i>Annapolis</i>	
		<i>Md.</i>	
Accident or Suicide?			
<i>—</i>			



Name
in
Full

Evelyn M. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County		MARYLAND	
Date of death 1905	Month <i>July</i>	Day <i>3</i>	Age	Years <i>—</i>	Months <i>8</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Howard Harris</i>		Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Kellie A. Thompson</i>		Mother's Birthplace <i>Annapolis</i>					
Name of person giving information <i>Kellie A. Harris</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long <i>six days</i>
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>	
<i>Yes</i>	Address <i>Annapolis</i>	
Accident or Suicide?		

AC

1



Name
in
FullElizabeth Holland
Shady Side U. S.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

1905

Month

July

Day

15

Age

Years

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

A. G. B. Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Alex. Holland

Father's
Birthplace

Md

Mother's
Maiden Name

Cora Blake

Mother's
Birthplace

Md

Name of person giving
In formation

Alex Holland

How related
to deceased

Father

CAUSES OF DEATH

Primary

Malassimilation

How long

One month

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

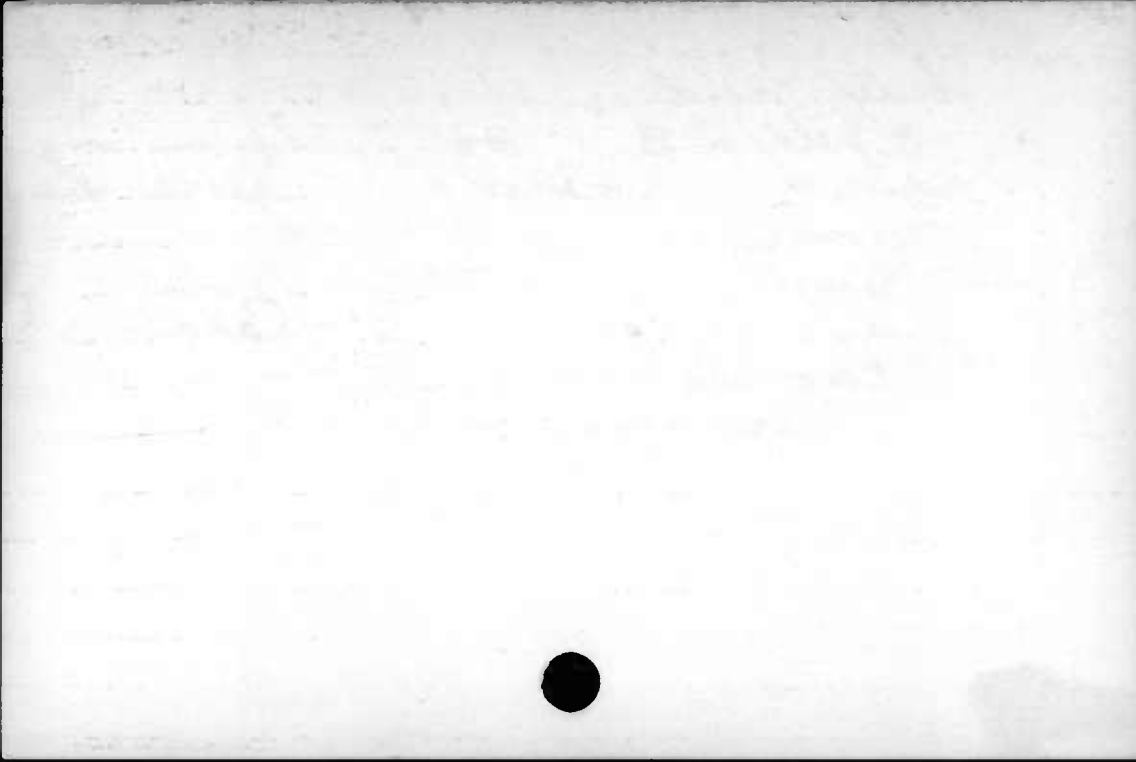
Geo. T. Smith
Churchton

Accident or Suicide?

—

PHYSICIAN
OR CORONER

9



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wesley Holt

Died at Camp Parole ^{County} Ann ^{State} Maryland

Date of death 1906 ^{Month} July ^{Day} 23 ^{Years} 63 ^{Months} 0 ^{Days} 0

Sex Male ^{Color or Race} Colored ^{Birth-place} Calvert Co

Occupation Farmer ^{Where Residing if not at place of death} Camp Parole

Married, Single ^{Name of Wife or Husband} Rebecca Holt

Father's Name Philip Holt ^{Father's Birthplace} Calvert Co.

Mother's Maiden Name Mariah Jones ^{Mother's Birthplace} " "

Name of person giving information Benjamin L. Holt ^{How related to deceased} Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysentery ^{How long} 40 days

Immediate Hemorrhage ^{How long} 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. L. Johnson

Address 60 Cathedral St

Accident or Suicide? No

Transportation permit
requested to

Harvey's Station

By way of Poplar Creek
Line via Leesport
Buck

Name
in
Full

CERTIFICATE OF DEATH

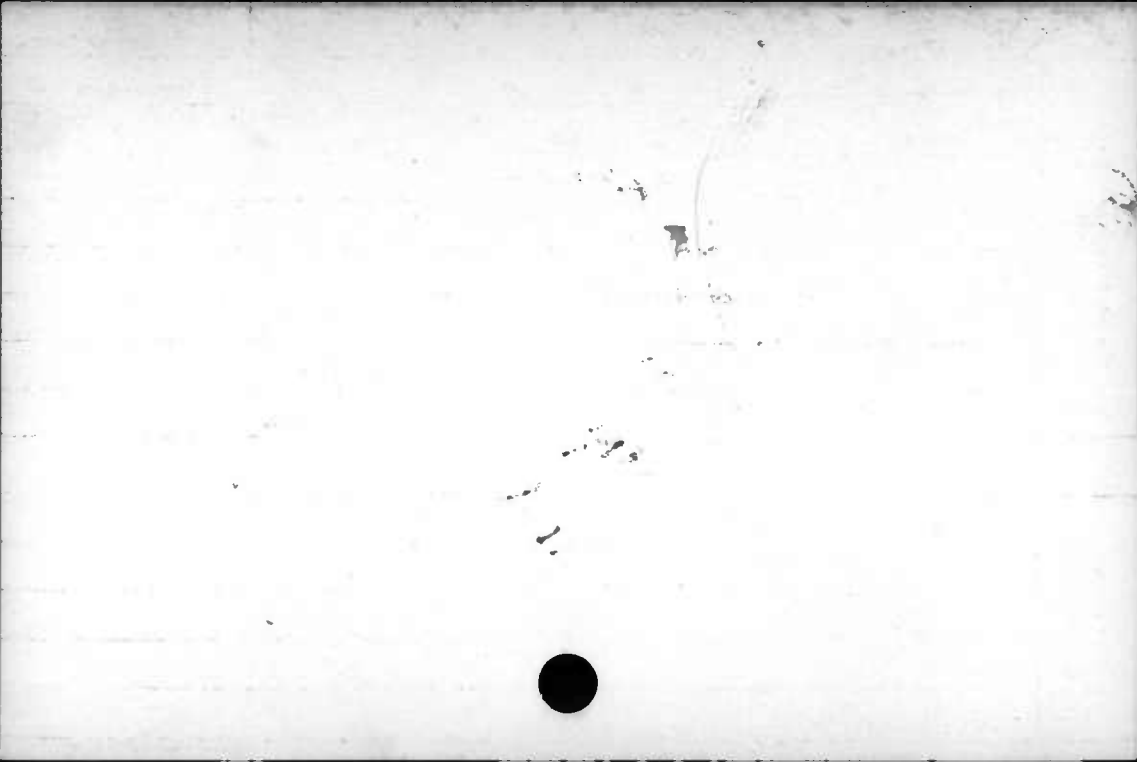
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full <i>Sophie May Ireland</i>		Town <i>Sudley</i>		County <i>Anne Arundel</i>			
Died at <i>Sudley</i>							
Date of death <i>1905</i>		Month <i>July</i>		Day <i>26</i>		Age <i>—</i>	
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Sudley</i>		Months <i>01</i> Days <i>18</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>James W. Ireland</i>		Father's Birthplace <i>Anne Arundel</i>					
Mother's Maiden Name <i>Gertude Isabel Ireland</i>		Mother's Birthplace <i>Anne Arundel</i>					
Name of person giving information <i>James W. Ireland</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Improper feeding</i>	How long <i>17</i>
	Immediate <i>Acute Milk Infection</i>	How long <i>19</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>MacLure Caswell</i>
		Address <i>West River Md</i>
Accident or Suicide?		



Name
in
Full

Adelle Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE						
Date of death		1905	Month	July	Day	17th	Years	Months	Days			
Sex		Female		Color or Race		Colored		Birth-place		Three	Annapolis	
Occupation				Where Residing if not at place of death								
Married, Single or Widowed				Name of Wife or Husband								
Father's Name				Will Johnson				Father's Birthplace				Annapolis
Mother's Maiden Name				Annie Colbert				Mother's Birthplace				Annapolis
Name of person giving information				Mother				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John Ridout, M.D.	
		Address	
		Annapolis	
Accident or Suicide?			



Name
in
Full

Aramenta Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>aa</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>July</i>	Day <i>18</i>	Age <i>67</i>	Years	Months	Days
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Baltimore</i>				
Occupation <i>Seamstress</i>	Where Residing if not at place of death <i>Annapolis</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Mama Johnson</i>						
Father's Name <i>Lee</i>	Father's Birthplace <i>Baltimore</i>						
Mother's Maiden Name <i>Jones</i>	Mother's Birthplace <i>Baltimore</i>						
Name of person giving information <i>Mrs. Emily Brown</i>	How related to deceased <i>Not related</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>One Year</i>
Immediate <i>Heart failure</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Johnson</i>
	Address <i>60 Cathedral St.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1905	Month	July	Day	11	Years	61
Sex	Male	Color or Race	White	Birth-place	<i>Annapolis Md.</i>		
Occupation	<i>Marine</i>			Where Residing if not at place of death <i>3 district of A.A.Co</i>			
Married, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband			
Father's Name	<i>George Johnson</i>				Father's Birthplace <i>Annapolis Md.</i>		
Mother's Maiden Name	<i>Harriet Harwood</i>				Mother's Birthplace <i>" "</i>		
Name of person giving information	<i>J. J. Johnson</i>				How related to deceased <i>Bro.</i>		

CAUSES OF DEATH

Primary	<i>Self Shot Wound</i>	How long	<i>—</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John H. Davis</i>
		Address	<i>Justice of the Peace Adv. Bureau</i>
Accident or Suicide?	<i>Suicide</i>		

PHYSICIAN
OR CORONER

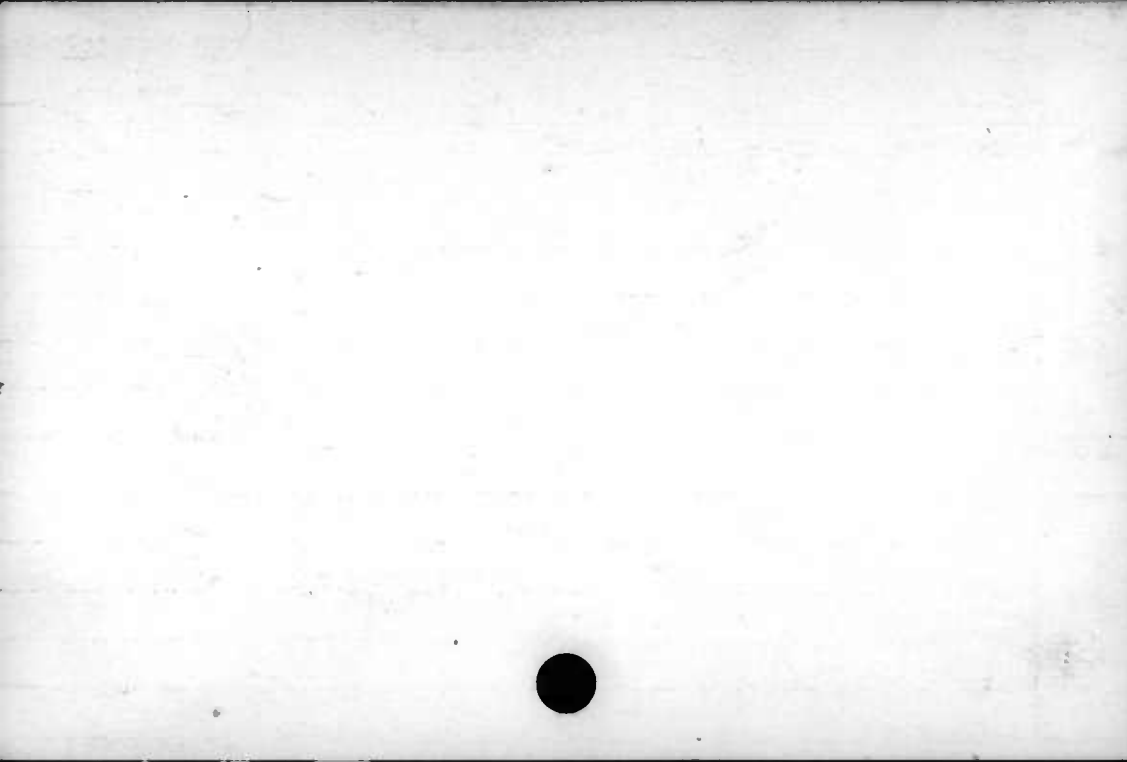


CERTIFICATE OF DEATH

Died at <u>Sec District</u>		Town <u>Ann Arbor</u>		County <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>7th</u>	Age <u>27</u>	Months <u>—</u>	Days <u>21</u>
Sex <u>Female</u>	Color or Race <u>Col</u>		Birth-place <u>Ann Arbor</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Isaac Johnson</u>			Father's Birthplace <u>Ann Arbor</u>		
Mother's Maiden Name <u>Hester Lamer</u>			Mother's Birthplace <u>Ann Arbor</u>		
Name of person giving information <u>Isaac Johnson</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary	Chronic Nephritis	How long	Six Months
Immediate	Memoria	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John Ridout, M.D.
		Address	Annapolis
Accident or Suicide?			



Name in Full		Sarah Jane Johnson				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Armiger</i>		County <i>Anne arundel</i>		MARYLAND			
		Date of death	1905	Month	July	Day	21	Age	30
		Sex	Female		Color or Race	African		Birth-place	<i>22 Co md</i>
		Occupation	<i>House wife</i>		Where Residing if not at place of death				
		Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
		Father's Name	<i>John Johnson</i>				Father's Birthplace	<i>22 Co md</i>	
		Mother's Maiden Name	<i>not known</i>				Mother's Birthplace		
		Name of person giving information <i>Wm H. Edwards</i>				How related to deceased	<i>son</i>		
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER		Primary		<i>Catarrah</i>		How long			
		Immediate		<i>Phthisis Pulmonales</i>		How long <i>1 year</i>			
		Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician <i>none</i>			
				Address <i>Wm H Edwards</i>					
		Accident or Suicide?				<i>Armiger md</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Augustus Jones
Town *Annapolis* County *Anne Arundel*

Died at *Annapolis* *Anne Arundel* MARYLAND
Date of death *1908* Month *July* Day *14* Age *52 1/2* Years *13* Months *13* Days
Sex *Male* Color or Race *Colored* Birth-place *139 West St.*
Occupation *_____* Where Residing if not at place of death *139 West St.*

Married, Single or Widowed *_____* Name of Wife or Husband *_____*
Father's Name *Robert Jones* Father's Birthplace *Annapolis*
Mother's Maiden Name *Elizabeth Holland* Mother's Birthplace *"*
Name of person giving information *Father* How related to deceased *_____*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *congenital Lones* How long *Since Birth*
Asthemia How long *_____*
Immediate *_____*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *John Ridout* Address *Annapolis Md*
Accident or Suicide? *_____*



Name
in
Full

William Leazer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis Jail</i>		County <i>St. Anne's</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	July	21	33		
Sex	Color or Race		Birth-place		
Male	Colored		North Carolina		
Occupation			Where Residing if not at place of death		
Jewelry			Annapolis Jail		
Married, Single or Widowed			Name of Wife or Husband		
Single			Mary Leazer		
Father's Name			Father's Birthplace		
Thomas Leazer			N.C.		
Mother's Maiden Name			Mother's Birthplace		
Mary Hoffman			N.C.		
Name of person giving information			How related to deceased		
Arthur Leazer			Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Throat sore	76
Immediate	How long
Strangulated	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
Yes	
Accident or Suicide?	

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wellhams</i> <small>Town</small>		<i>Anne Auendel</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>July</i>	Day	<i>14</i>
Age	<i>7</i>		Years	<i>29</i>	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Birth-place	<i>Wellhams Md</i>				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>W. Hampton Lenthicum</i>			Father's Birthplace <i>Wellhams Md</i>		
Mother's Maiden Name <i>Delmah M. Brown</i>			Mother's Birthplace <i>Balto Md</i>		
Name of person giving information <i>Ann Shipley</i>			How related to deceased <i>Aunt</i>		

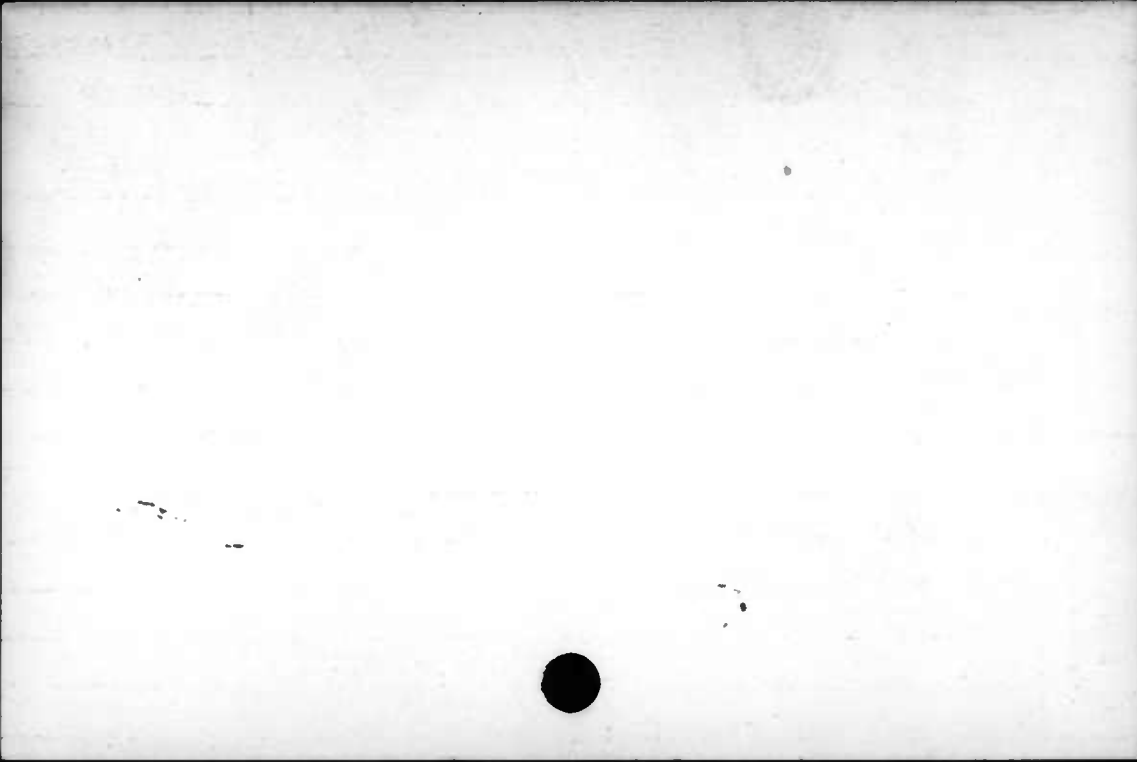
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Liezo-Colitis</i>	How long	<i>2 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Le R Wmerson</i>
		Address	<i>Eekridge Md</i>
Accident or Suicide?	<i>No</i>		



Name in Full		Fred J. Maulden				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Shady Side		A. A.		MARYLAND	
	Date of death	1905	July	21	Age	6	16
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	None		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	William Maulden				Father's Birthplace	Ind
	Mother's Maiden Name	Elizabeth Cross				Mother's Birthplace	Ind
Name of person giving information	Wm Maulden				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Ileo Colitis				How long	One month
	Immediate	Exhaustion				How long	-
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				Geo J. Smith M D		
	Address				Churchton		
Accident or Suicide?							



Name

in
Full

CERTIFICATE OF DEATH

Albert Pelkey

Town

Annapolis

County

Anne Arundel

MARYLAND

Died at

Date

of death

1905 July

Month

Day

28

Age

Years

Months

2

Days

Sex

Male

Color or
Race

white

Birth-
place

Annapolis

Occupation

Infant

Where Residing if not
at place of death

Annapolis, Md

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Albert Pelkey

Father's
Birthplace

Sweden

Mother's
Maiden Name

Lula Hopkins

Mother's
Birthplace

Annapolis

Name of person giving
Information

Barnard Lynch

How related
to deceased

Grand father

CAUSES OF DEATH

Primary

Cardiac Disease

How long

Since birth

Immediate

Heart Failure

How long

2 hrs.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Louis B. J. Harkelfe

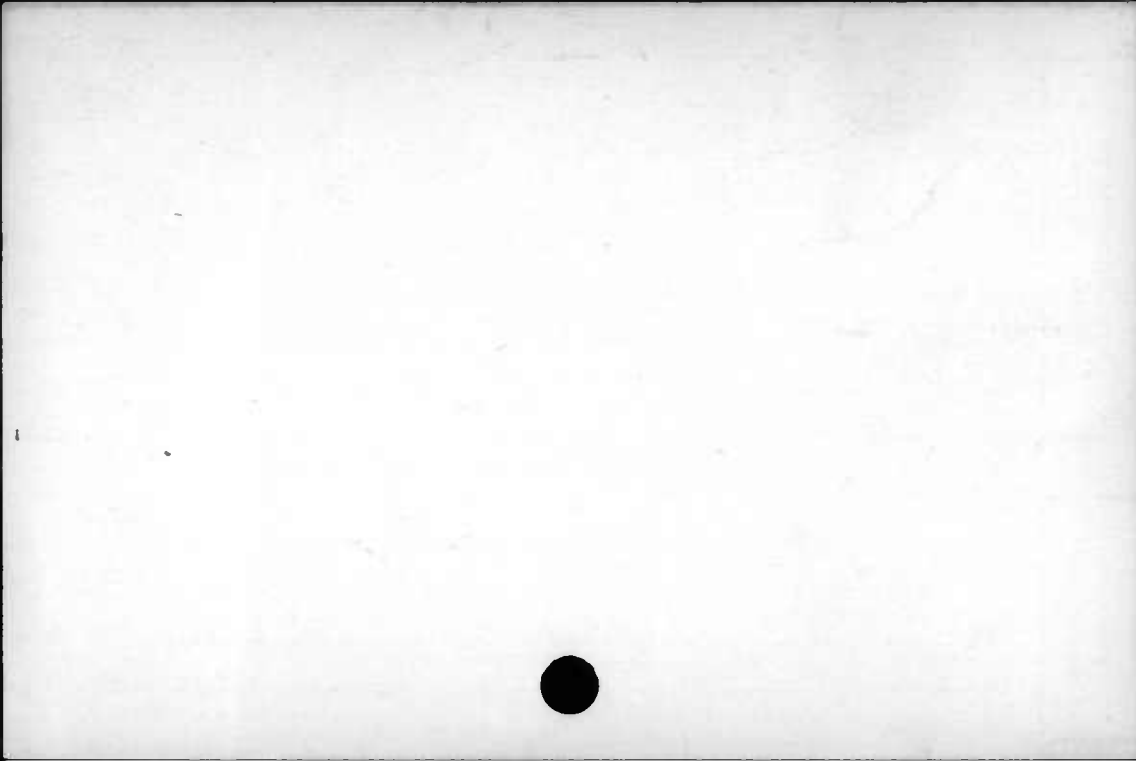
Address

Annapolis, Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Arthur. W. Green

CERTIFICATE OF DEATH

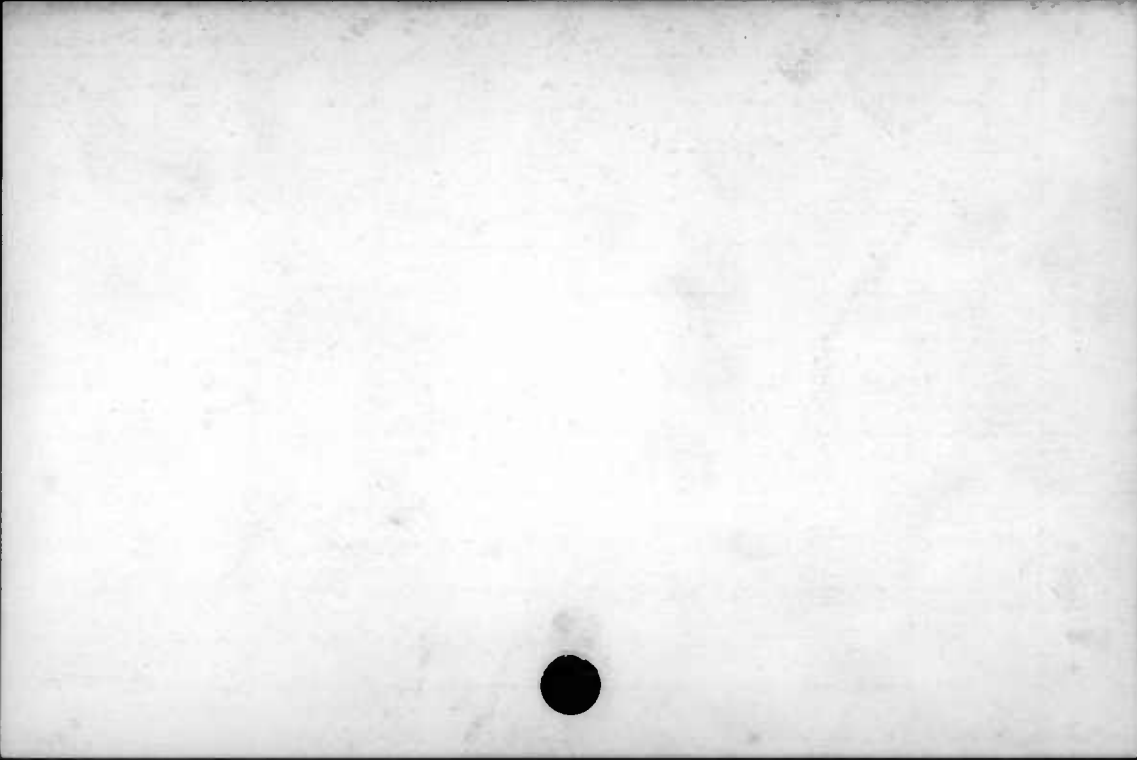
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Amagals Md</i>		Town <i>Amagals Md</i>		County <i>A. A. C.</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>26th</i>	Age	Years	Months <i>8-</i>	Days	
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Amagals Md</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>93 Market St -</i>				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Green</i>				Father's Birthplace <i>Mt. Table</i>			
Mother's Maiden Name <i>Priscilla Dorsey</i>				Mother's Birthplace <i>Nw - Vill</i>			
Name of person giving information <i>Priscilla Dorsey</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>15</i>	Months
Immediate <i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>	
<i>yes</i>	Address <i>Amagals Md</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>East Port</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND											
Date of death	1901	Month	July	Day	13	Age	1	Years	9	Months	—	Days	—		
Sex	Male		Color or Race	White		Birth-place	Anne Arundel								
Occupation						Where Residing if not at place of death									
Married, Single or Widowed <u>1</u>						Name of Wife or Husband									
Father's Name						Andrew L. Robinson						Father's Birthplace		Charles Co	
Mother's Maiden Name						Mary Jane Jamison						Mother's Birthplace		Charles Co	
Name of person giving information						M. L. Robinson						How related to deceased		Mother	

CAUSES OF DEATH

Primary	<u>cholera</u>	How long	<u>Months</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		John Ridout	
		Address	
		Annapolis	
Accident or Suicide?			

Mr. R. Jones

Name
in
Full

Margaret Virginia Sands.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		<i>A A C</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>6th</i>		Age		Years	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis</i>		Months <i>2</i>		Days	
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Andrew D Sands</i>				Father's Birthplace <i>Annapolis</i>					
Mother's Maiden Name <i>Bertha Herman</i>				Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Emma L Tydings</i>				How related to deceased <i>Cunt.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>		How long <i>3 weeks</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. J. Welch</i>	
		Address <i>Annapolis</i>	
Accident or Suicide? <i>—</i>			

9

Name
in
Full

Victoria Sellman

CERTIFICATE OF DEATH

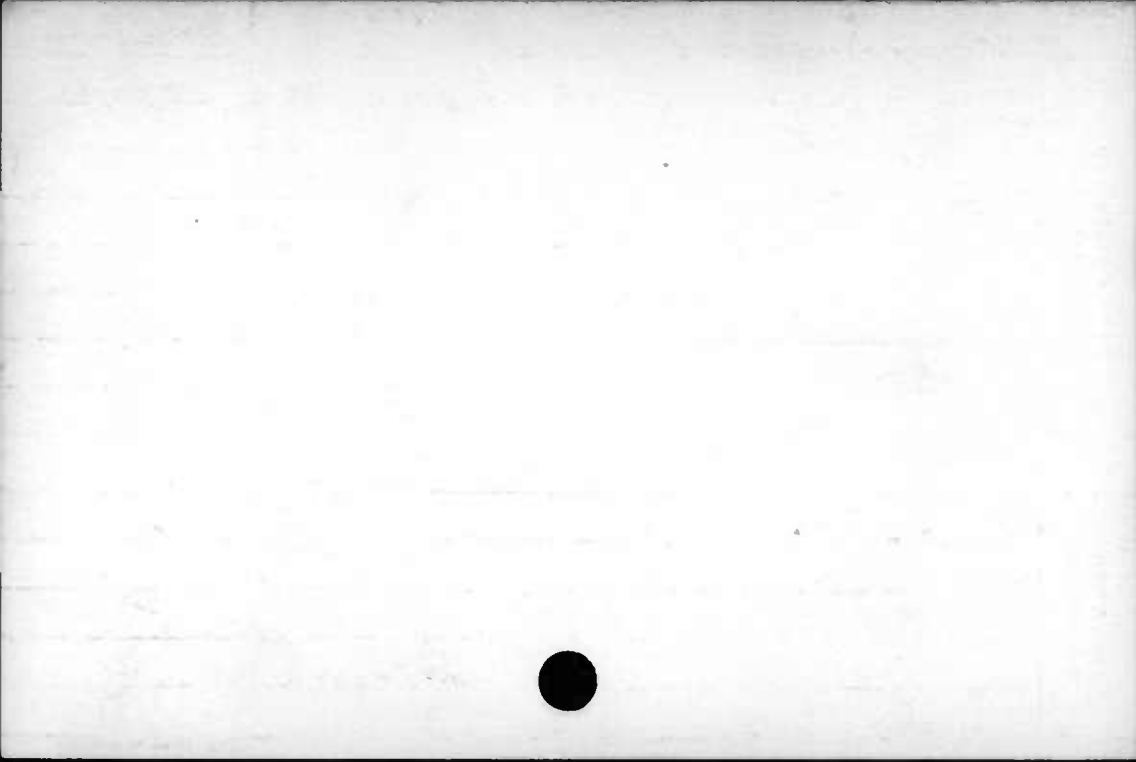
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town South River		County Anne Arundel		MARYLAND	
Date of death	1905	Month July	Day 4	Age —	Years —	Months 10	Days —
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	—		Name of Wife or Husband				
Father's Name	Wilton Wright Sellman					Father's Birthplace	Anne Arundel
Mother's Maiden Name	Virginia Bonar					Mother's Birthplace	Baltimore
Name of person giving Information	Virginia Bonar					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	1 week
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Callins
yes		Address	South River Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

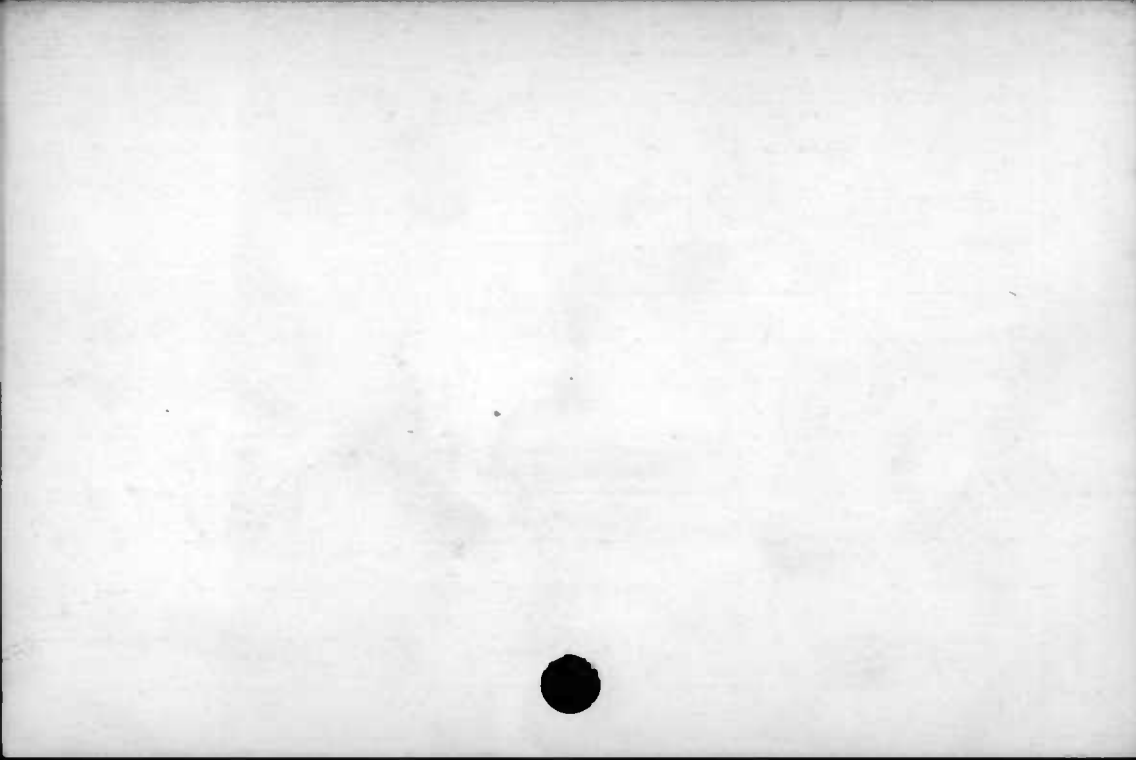
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East Port 2^{dis}</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>July</i>	Day <i>20</i>	Age <i>2</i>	Years <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>East Port</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband _____		
Father's Name <i>Charles Sheets</i>			Father's Birthplace <i>Geo.</i>		
Mother's Maiden Name <i>Ninia L. Young</i>			Mother's Birthplace <i>Anne Arundel</i>		
Name of person giving information <i>A. K. Young</i>			How related to deceased <i>Grandfather</i>		

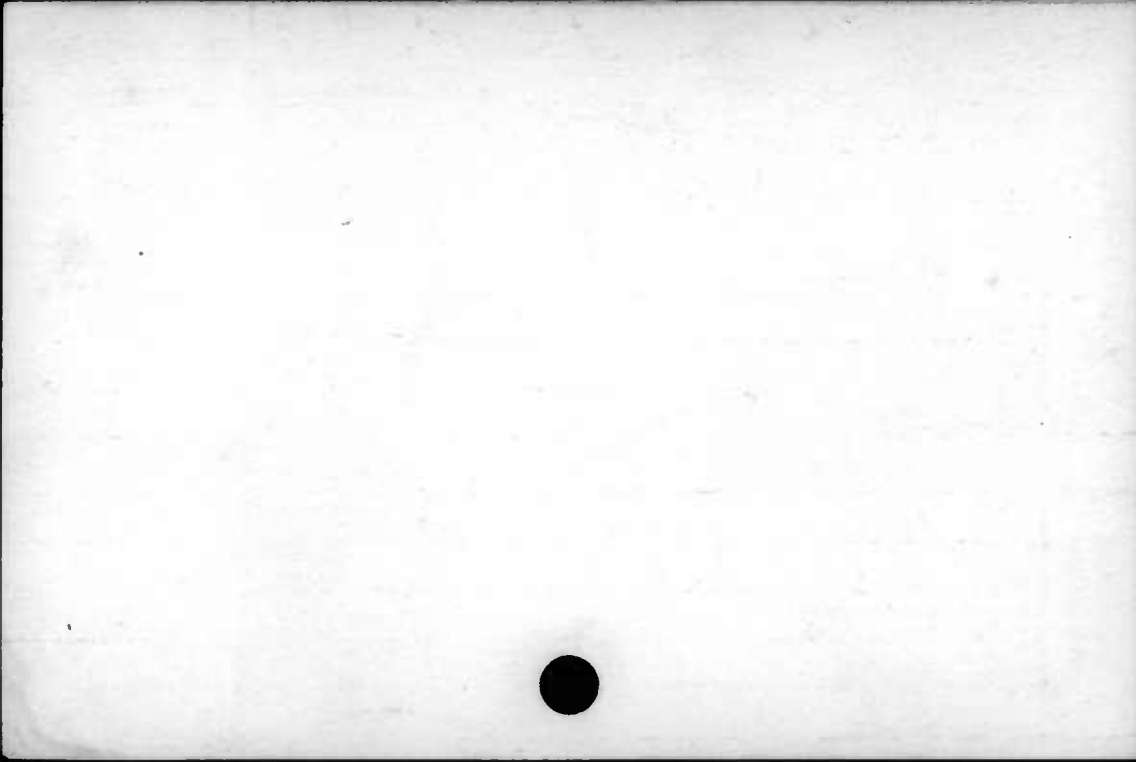
CAUSES OF DEATH

PHYSICIAN
OR CORONER

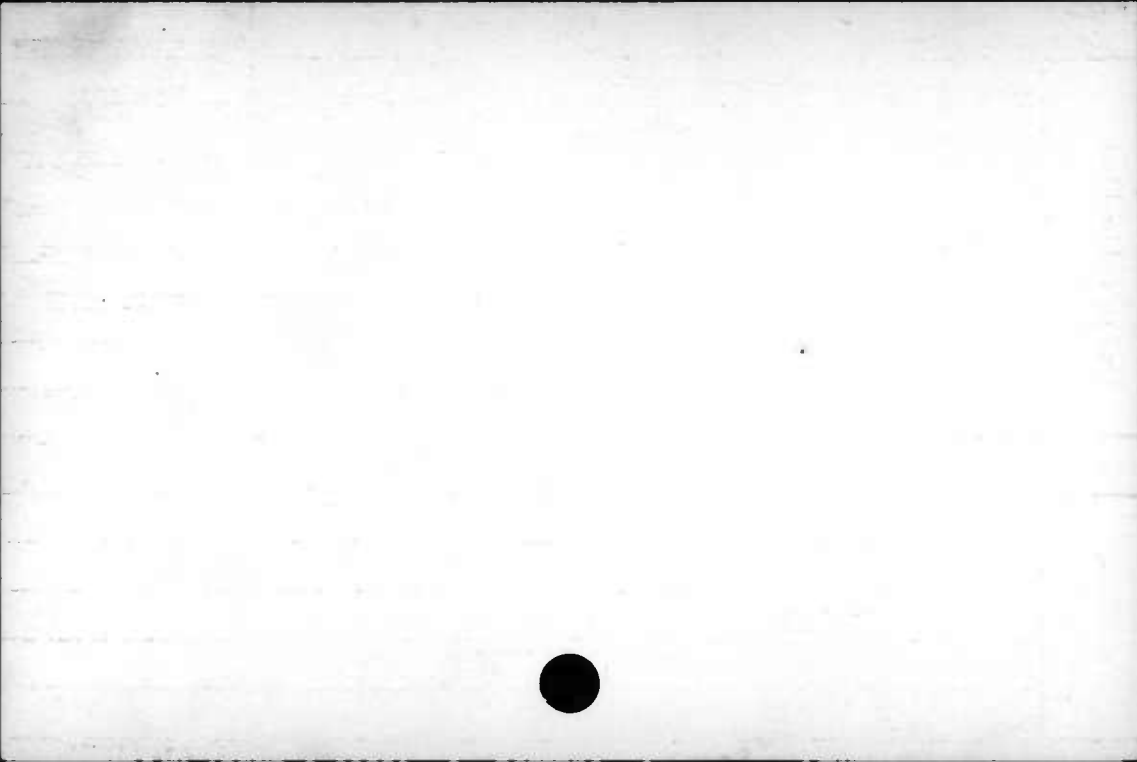
Primary <i>Enterocolitis</i>	How long <i>1 month</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm S. Welch</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>No</i>	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Annapolis</u> ^{Town}		County <u>Anne Arundel</u> ^{County}	
		Date of death <u>1903</u> ^{Year}		Month <u>July</u> ^{Month}	
		Sex <u>Female</u>		Color or Race <u>black</u>	
		Occupation <u>Domestic</u>		Where Residing if not at place of death <u>A. A. Co.</u>	
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>	
		Father's Name <u>— Stanford</u>		Father's Birthplace <u>Miss.</u>	
		Mother's Maiden Name <u>— Stanford</u>		Mother's Birthplace <u>Miss.</u>	
Name of person giving information <u>Mrs. Baldwin</u>		How related to deceased <u>—</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Hemiplegia</u>		How long <u>1 week</u>	
		Immediate <u>Intestinal Hemorrhage</u>		How long <u>24 hours</u>	
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Tom. S. Welch</u>	
				Address <u>Annapolis</u>	
		Accident or Suicide? <u>No</u>			



Name in Full		Starlings		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Harwood		^{County} Anne Arundel		MARYLAND
	Date of death	1905	Month	July	Day
		8	Age	Years	Months
		4			Days
	Sex		Color or Race	White	Birth-place
				Anne Arundel	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Edmund Starlings		Father's Birthplace	
				Calvert Co	
Mother's Maiden Name		Mrs. Farrall		Mother's Birthplace	
				Calvert Co	
Name of person giving information		Edmund Starlings		How related to deceased	
				Father	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Immediate		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		
	Signature of Physician		MacLauri Canwood M.D.		
	Address		West River		
Accident or Suicide?				Md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDChild of *Humber Starlings*

Town

County

MARYLAND

Died at

*Hamwood**Anne Amudel*

Date

Month

Day

Years

Months

Days

of death

*1905**July**8*

Age

Sex

Color or
Race*White*Birth-
place*Anne Amudel*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Humber Starlings*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

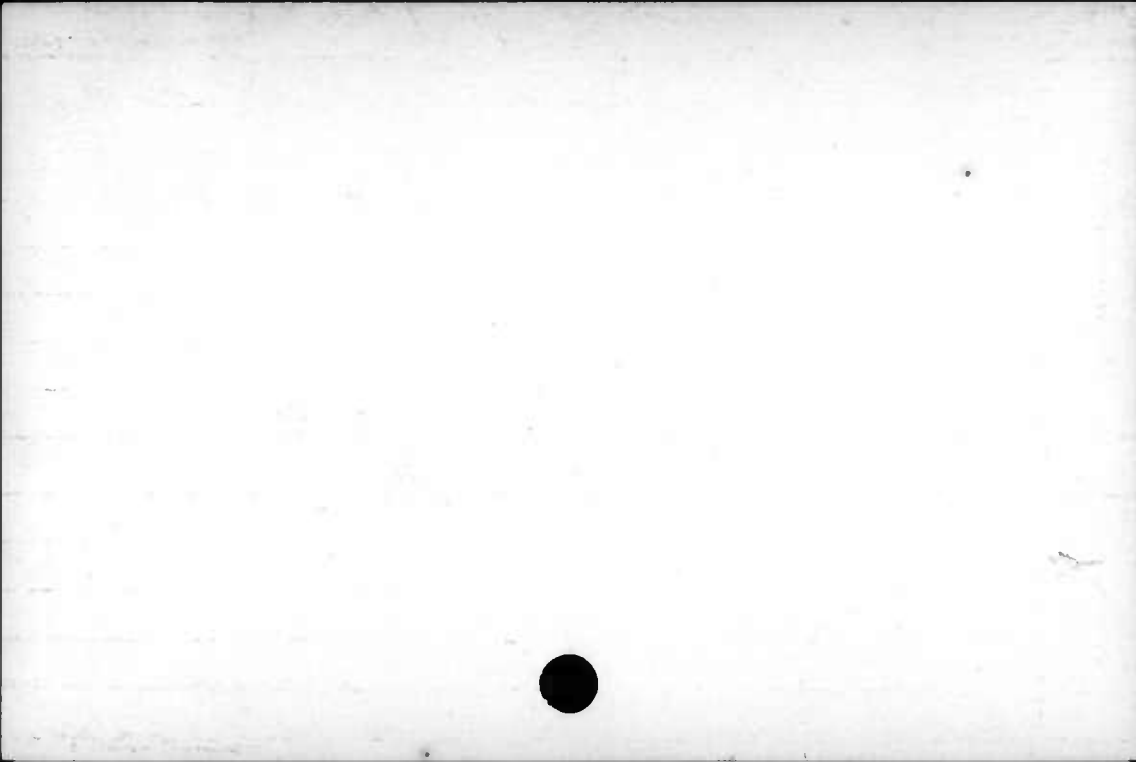
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Madame Carwood,
West River,
Ind.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Kate Stiner</i>		Town <i>2nd dist</i>		County <i>a a</i>		MARYLAND	
Died at		Date of death <i>190</i>		Age		Months <i>1</i> Days <i>19</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>2 dist</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Antonie Stiner</i>		Father's Birthplace					
Mother's Maiden Name <i>Annie Yborold</i>		Mother's Birthplace					
Name of person giving information <i>Antonie Stiner</i>		How related to deceased <i>Brother</i>					

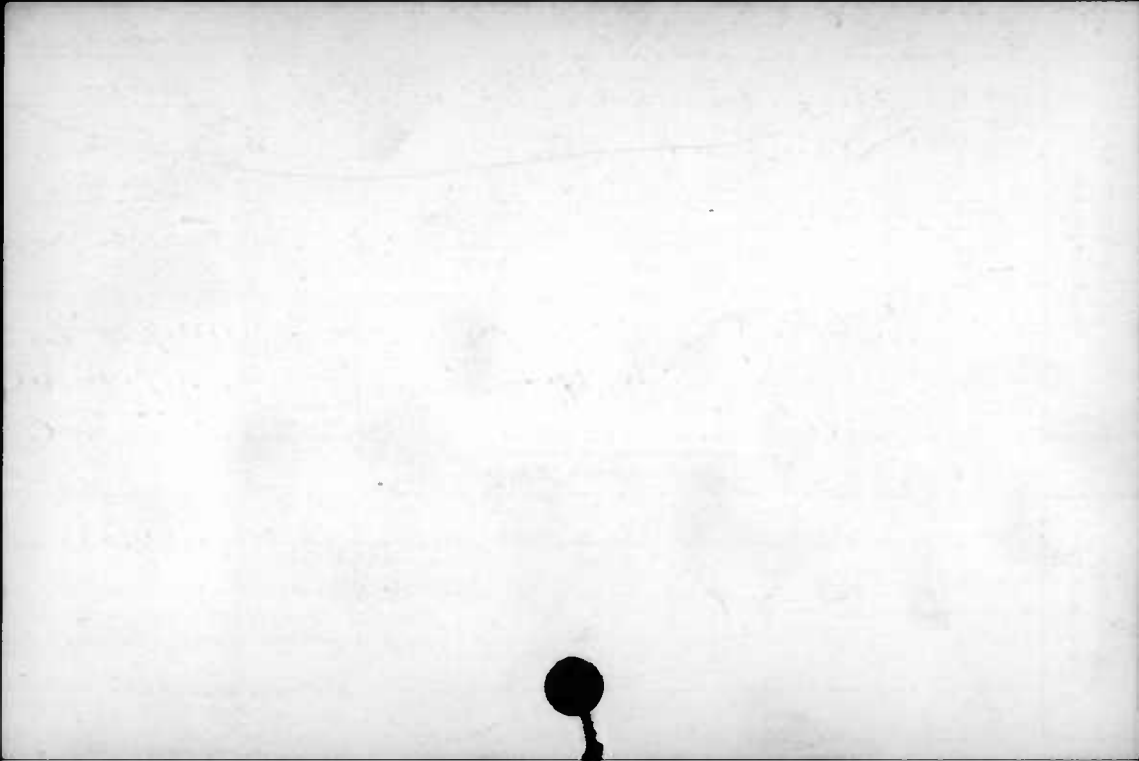
CAUSES OF DEATH

PHYSICIAN
FOR CORONER

Primary		How long	
Immediate <i>Spasms</i>		How long <i>Suddenly</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Mr. Physician</i>	
		Address <i>in attendance</i>	
Accident or Suicide?		<i>Woolley & Feldmeyer Undertakers</i>	



Name in Full		Town				County		CERTIFICATE OF DEATH			
Joseph Stoops		Annapolis Md				A.A.C		MARYLAND			
Died at		Date of death		Month	Day	Age	Years	Months	Days		
1900		July		27				2	5		
Sex		Color or Race		Birth-place							
male		Coloured		Annapolis							
Occupation		Where Residing if not at place of death									
		45 Cathedral									
Married, Single or Widowed		Name of Wife or Husband									
single											
Father's Name		Father's Birthplace									
Richard Stoops		Annapolis Md									
Mother's Maiden Name		Mother's Birthplace									
Maggie Phelps		Annapolis Md									
Name of person giving information		How related to deceased									
Maggie Phelps		Mother									
CAUSES OF DEATH											
Primary		How long									
Marasmus		Since Birth									
Immediate		How long									
Exhaustion											
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
Yes		John Ridout M.D.									
		Address									
		Annapolis Md									
Accident or Suicide?											



Name

in
Full

CERTIFICATE OF DEATH

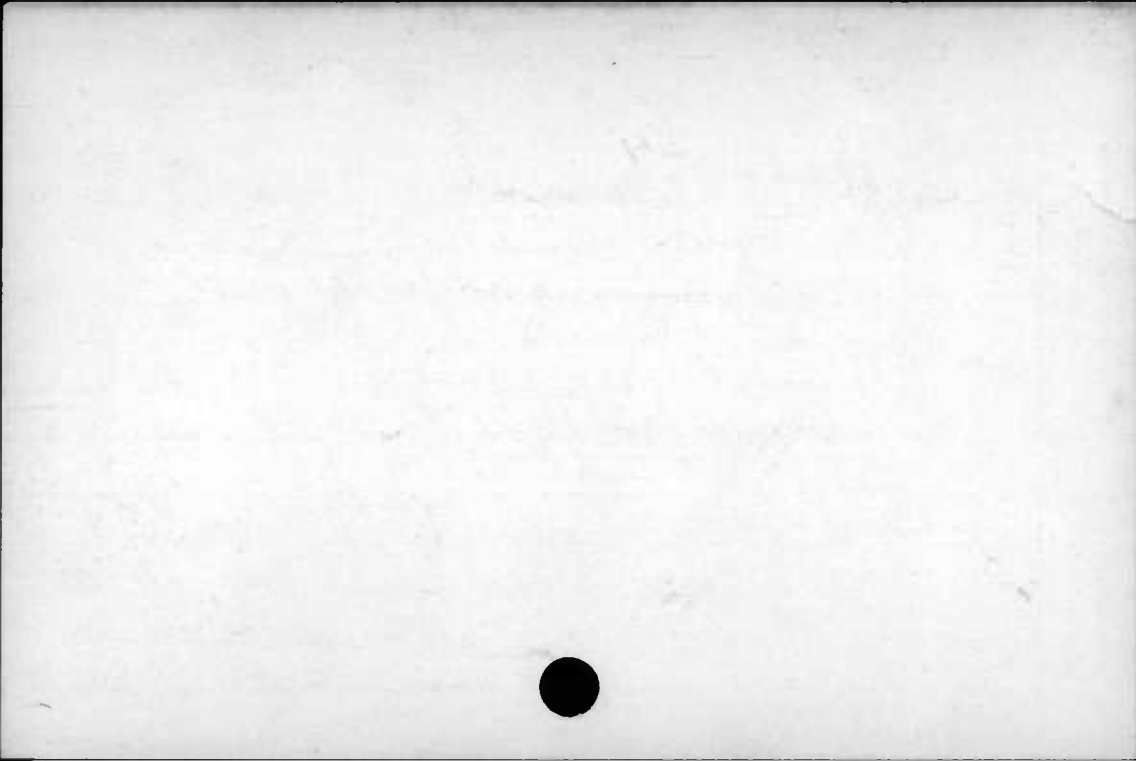
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>A a</i>		MARYLAND	
Date of death	190	3 rd	July	24	Age	67	Months Days
Sex	Male		Color or Race	Colored		Birth-place	<i>Cabot-Cobina</i>
Occupation	<i>Waterman</i>			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	<i>Amanda Thomas</i>			
Father's Name	<i>Robert - Thomas</i>					Father's Birthplace	
Mother's Maiden Name	<i>Mrs. S. Thomas</i>					Mother's Birthplace	
Name of person giving information	<i>Elizabeth Thompson</i>					How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Dysentery</i>		How long	<i>Months</i>
Immediate	<i>Asthenia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>Yes</i>		<i>John Ridout, M.D.</i>		
		Address		
		<i>Annapolis</i>		
		<i>Md</i>		
Accident or Suicide?				



Name
in
Full

Not named

Tongue

CERTIFICATE OF DEATH

Town

County

Anne Arundel

MARYLAND

Died at

Date

of death

1903 July

Month

Day

Age

Years

Months

Days

Sex

female

Color or
Race

Colored

Birth-
place

A A Co

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Richard Tongue

Father's
Birthplace

A A Co

Mother's
Maiden Name

Lavinia Monland

Mother's
Birthplace

A A Co

Name of person giving
In formation

Charles Monland

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Bad feeding

How long

—

Immediate

Toxemia

How long

—

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

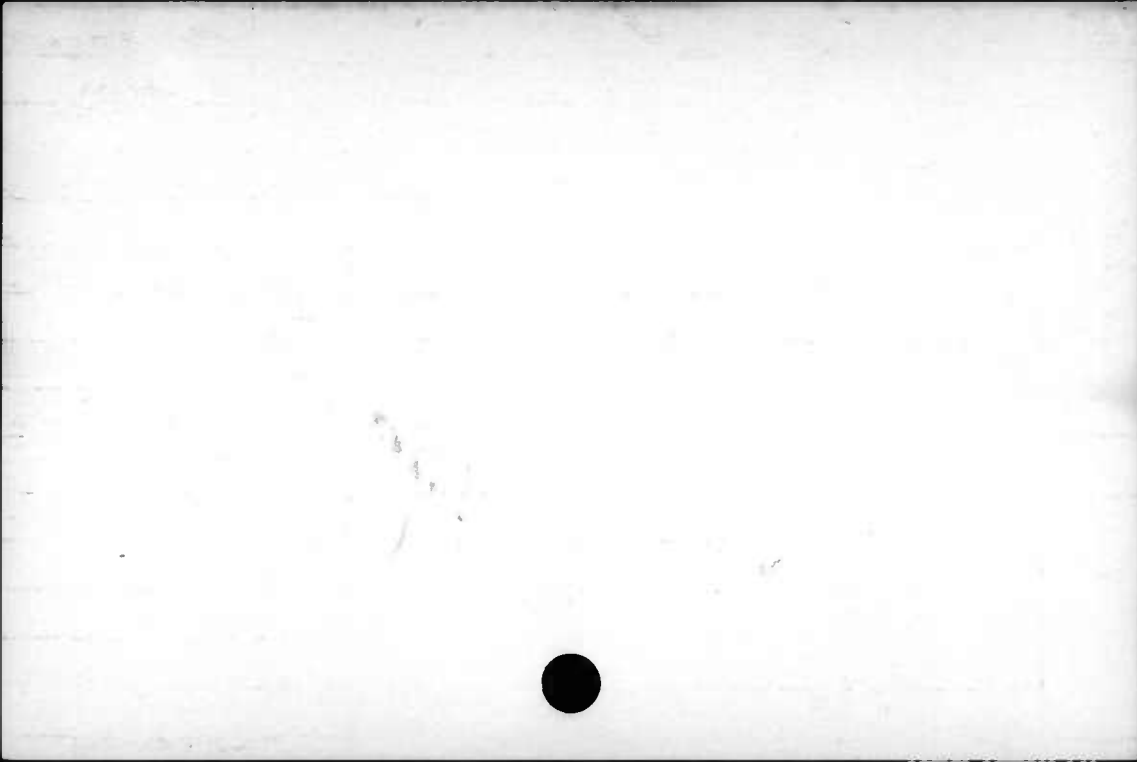
Address

Yes

Maelan Crawford
West River
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

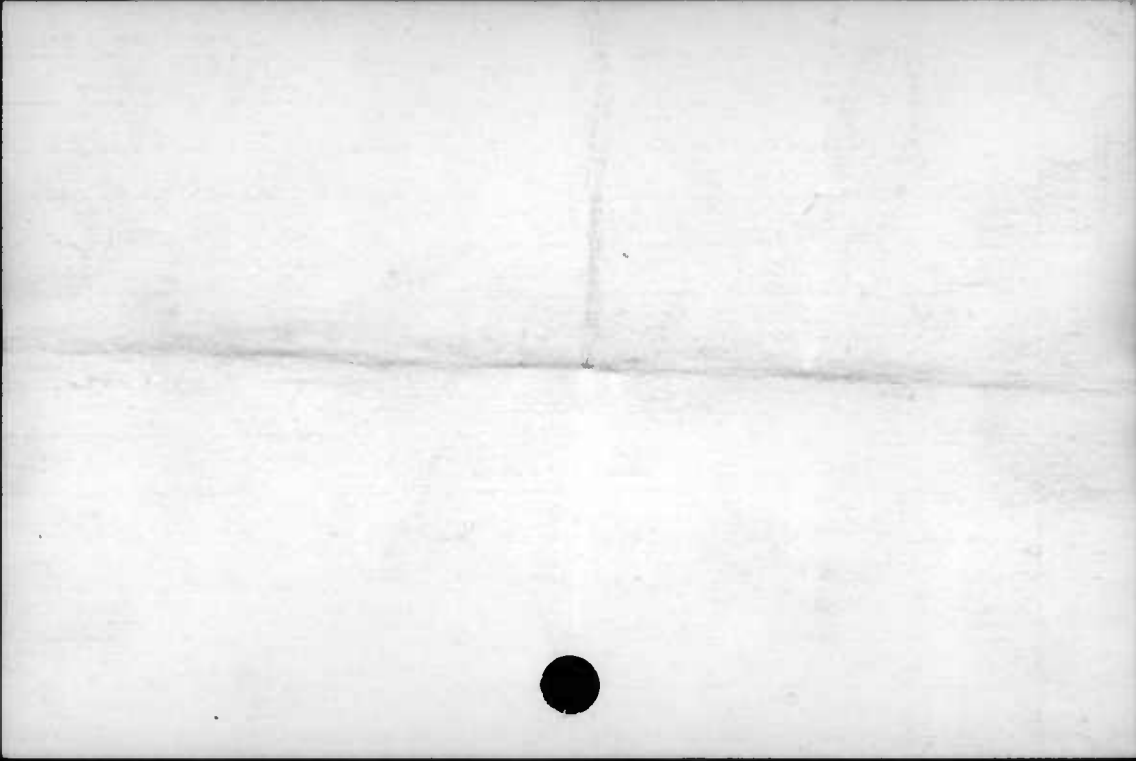
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Charles Tyburs</i>		Town <i>Amoxolis</i>		County <i>and</i>		State <i>and</i>	
Died at <i>Amoxolis</i>		Town <i>and</i>		County <i>and</i>		State <i>and</i>	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>29th</i>	Age <i>20</i>	Years <i>20</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Rich Co</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>140 St. Jones St. S. E. 2nd</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Kattie Right</i>					
Father's Name <i>Richard Tybours</i>		Father's Birthplace <i>Seven</i>					
Mother's Maiden Name <i>Littie Flaird</i>		Mother's Birthplace <i>Seven</i>					
Name of person giving information <i>Fredrick Tiddle</i>		How related to deceased <i>Brother in law</i>					

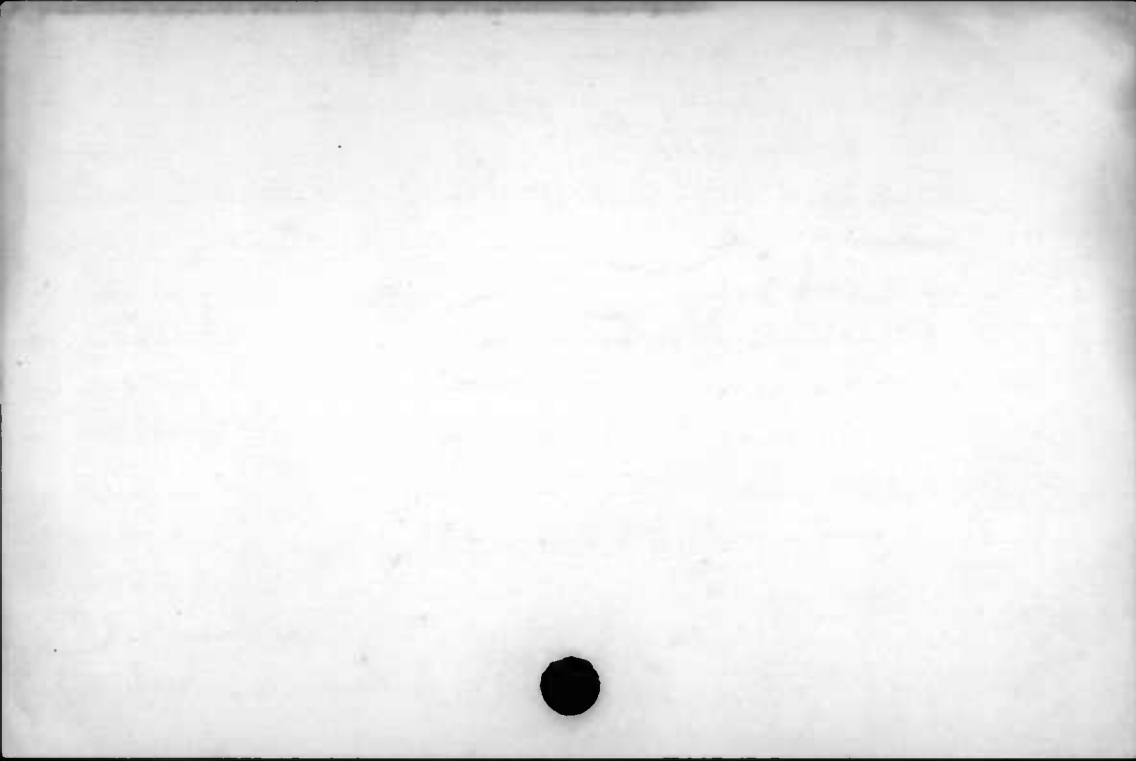
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Eight weeks</i>
Immediate <i>Asthenia</i>	How long <i>3.5. Kidney, MD</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Kidney MD</i>
	Address <i>Amoxolis</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Annapolis		A. A. Co		MARYLAND		
	Date of death	1905	Month	July	Day	17 th	Years	Months	12
	Sex	Female		Color or Race	white		Birth-place	Annapolis	
	Occupation	Infant		Where Residing if not at place of death					
	Married, Single or Widowed	Single		Name of Wife or Husband					
	Father's Name	Walter Ward				Father's Birthplace	A. A. Co		
	Mother's Maiden Name	Carrie Ogden				Mother's Birthplace	A. A. Co		
Name of person giving information	Bernard Ogden				How related to deceased	Uncle			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary	Malnutrition				How long	5 weeks		
	Immediate	Dyspeptic Diarrhea				How long	one week		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician				
					Address				
Accident or Suicide?		J. Oliver Parsons, Annapolis, Md.							



TO BE ANSWERED BY
NEAREST FRIEND

Mary E. W. Waterman

CERTIFICATE OF DEATH

Died at <u>Jessup</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Year}	<u>July</u> ^{Month}	<u>Twenty</u> ^{Day}	<u>six</u> ^{Months}	<u>twenty</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Baltimore Ind.</u>
Occupation	<u>_____</u>			Where Residing if not at place of death <u>Baltimore</u>	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>_____</u>			
Father's Name	<u>William Waterman</u>			Father's Birthplace	<u>Baltimore</u>
Mother's Maiden Name	<u>Annie E. Anderson</u>			Mother's Birthplace	<u>A. A. Co. Ind.</u>
Name of person giving information	<u>Annie E. Waterman</u>			How related to deceased	<u>Mother.</u>

CAUSES OF DEATH

Primary	<u>Enteric-Colitis</u>	How long	<u>six days</u>
Immediate	<u>Meningitis</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>R. Hammond</u>
		Address	<u>Jessup, Ind.</u>
Accident or Suicide?	<u>No</u>		

PHYSICIAN
OR CORONER



Name
in
Full

Amos Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Naturbury</u> <small>Town</small>		<u>A. A -</u> <small>County</small>		MARYLAND	
Date of death 190 <u>5</u>	<u>July</u> <small>Month</small>	<u>31</u> <small>Day</small>	<u>1</u> <small>Years</small>	<u>10</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>A. A. Co. Md</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband <u>Summer Wilson</u>					
Father's Name <u>Summer Wilson</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Lucy Chapman</u>			Mother's Birthplace <u>"</u>		
Name of person giving Information <u>John Chapman</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

Primary <u>Chronic Diarrhoea</u>	How long <u>3 Wks -</u>
Immediate <u>Exhaustion</u>	How long <u>105</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>A. B. Bryant</u>
	Address <u>Millersville</u>
Accident or Suicide?	<u>Md</u>

PHYSICIAN
OR CORONER

Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Woodwardville		Town		County		Anne Arundel		MARYLAND	
Date of death 1905		Month 7		Day 4		Age 27		Years Months Days	
Sex Female		Color or Race African		Birthplace A.C.C.					
Occupation House Wife		Where Residing If not at place of death Saturday mid							
Married, Single or Widowed Married		Name of Wife or Husband Charles Wilson							
Father's Name Thomas Mason		Father's Birthplace A. Mason							
Mother's Maiden Name Mason		Mother's Birthplace Greenwill							
Name of person giving information John Gaskins		How related to deceased None							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	3 years
Immediate	Phthisis Pulmonalis	How long	3 months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. Du Bois MD	
		Address Garnetts	
Accident or Suicide?		NA	

